



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="360509.30"/>	<input type="text" value="360509.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="161141.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="126609.69"/>	<input type="text" value="645825.53"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="287750.79"/>	<input type="text" value="1006334.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="101461.54"/>	<input type="text" value="820045.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="186289.25"/>	<input type="text" value="186289.25"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	116055.06	523793.25
(ii) Unitemized .....	10554.63	116882.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	126609.69	640675.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	126609.69	640675.53
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	150.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	126609.69	645825.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	126609.69	645825.53

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	580000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	11.54	35.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	11.54	35.58
29. Other Disbursements .....	37950.00	240010.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	101461.54	820045.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101461.54	820045.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	126609.69	640675.53
34. Total Contribution Refunds (from Line 28(d)) .....	11.54	35.58
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	126598.15	640639.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. MARK MAJEWSKI**

Mailing Address 8900 HIGHVIEW LANE

City State Zip Code  
WOODBURY MN 55125-4922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc Strat Clnt Rel Ex Optuml

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 25753285**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**B. RICHARD TASH**

Mailing Address 1804 CLEMENS RD

City State Zip Code  
OAKLAND CA 94602-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc Dir Act Cnslt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 25754692**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**C. VINCENT KERR**

Mailing Address 77 MAILANDS ROAD

City State Zip Code  
FAIRFIELD CT 06824-3999

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Pres Care Sols

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 25755121**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3230.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. AMY KLAWITTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5750 S 121 ST

City State Zip Code  
HALES CORNERS WI 53130-1714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc KA Dir Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014  
**Transaction ID : 25757199**

Amount of Each Receipt this Period  
2500.00

**B. SAMUEL MECKEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1828 WYNDAM DRIVE

City State Zip Code  
SHAKOPEE MN 55379-5437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014  
**Transaction ID : 25758145**

Amount of Each Receipt this Period  
1000.00

**C. ELLEN SEXTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 15346 FISH POINT ROAD

City State Zip Code  
PRIOR LAKE MN 55372-1948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Chief of Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014  
**Transaction ID : 25758232**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MARY JANE BEESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 279 OAK COMMON AVENUE  
 City SAINT AUGUSTINE State FL Zip Code 32095-6803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 25758395**  
 Amount of Each Receipt this Period  
 365.00

**B. PATRICK CARR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9088 NAUTICAL WATCH DR  
 City INDIANAPOLIS State IN Zip Code 46236-9035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Pres UnitedHlth One  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 25759450**  
 Amount of Each Receipt this Period  
 1000.00

**C. ANNA WONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2215 ALOHA DRIVE APT 17L  
 City HONOLULU State HI Zip Code 96815-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 26244421**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1730.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. STEPHEN HEMSLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 FERNDALE ROAD WEST  
 City WAYZATA State MN Zip Code 55391-9628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation CEO Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : 37484442**  
 Amount of Each Receipt this Period 5000.00

**B. BRIAN WENGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 GOODRICH AVE  
 City SAINT PAUL State MN Zip Code 55105-3345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : 37489838**  
 Amount of Each Receipt this Period 2500.00

**C. DARRYL WILLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1662 ISABELLA PARKWAY  
 City CHASKA State MN Zip Code 55318-3214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Mkt Sis SVP Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 98.09

Date of Receipt 09 / 30 / 2014  
**Transaction ID : 37612019**  
 Amount of Each Receipt this Period 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$11.54 This changes the YTD Total to \$98.09

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DEBORAH S STREB**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2201 NORTH STAR ROAD  
City UPPER ARLINGTON State OH Zip Code 43221-3810  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **280.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1159794135271**  
Amount of Each Receipt this Period **42.00**  
P/R Deduction (\$14.00 Bi-Weekly)

**B. ANTHONY J KAZLAUSKAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 CARNIVAL TERRACE  
City WEST WARWICK State RI Zip Code 02893-1985  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Sr Med Dir  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1159794635271**  
Amount of Each Receipt this Period **60.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**C. BRIAN R BELLOWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 SHADOWOOD LANE  
City TRUMBULL State CT Zip Code 06611-4062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation E&I NA VP SIs Bus Dev  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1159803835271**  
Amount of Each Receipt this Period **45.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **147.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KEITH W NOBLITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 SOUTH OAK POINTE DR  
 City SENECA State SC Zip Code 29672-6764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SCE 3 NAs Ind Contr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1159805535271**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. JAMES S WATSON III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6520 SHENANDOAH DR  
 City LINCOLN State NE Zip Code 68510-5159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealthcare Legal Occupation Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1159806035271**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. WAYNE F COOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1022 GLENDEVON DRIVE  
 City AMBLER State PA Zip Code 19002-1859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1159812835271**  
 Amount of Each Receipt this Period 180.00  
 P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	315.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DAVID S WICHMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7000 ANTRIM ROAD

City EDINA	State MN	Zip Code 55439-1708
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation EVP Pres UHG Ops
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1159814735271**

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**B. PATRICK J ERLANDSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 OLD LONG LAKE ROAD

City WAYZATA	State MN	Zip Code 55391-9690
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation SVP Bus Ops
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1159815935271**

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C. PATRICIA R SAURO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8943 HIDDEN MEADOW R

City WOODBURY	State MN	Zip Code 55125-9138
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP UnitedHlthcare
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1159816435271**

Amount of Each Receipt this Period  
180.00

P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1333.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WILLIAM A MUNSELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2119 WINDSONG CIRCLE

City WAYZATA State MN Zip Code 55391-2259

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Advsr to Office of CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR1159816635271**

Amount of Each Receipt this Period  
 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. JOHN S PENSHORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 BLACK OAKS LANE

City WAYZATA State MN Zip Code 55391-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR1159816935271**

Amount of Each Receipt this Period  
 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C. PAUL D KALLMEYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 468 HERALD DR

City AMBLER State PA Zip Code 19002-1530

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealthcare Legal Occupation Deputy Gen Counsel Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR1159817435271**

Amount of Each Receipt this Period  
 150.00

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1026.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. TIMOTHY F RYAN**

Mailing Address 4913 BRUCE AVE

City	State	Zip Code
EDINA	MN	55424-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Optum Corporate	Bus Segment Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1843.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1159817935271**

Amount of Each Receipt this Period  
194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. THOMAS J QUIRK**

Mailing Address 4307 BEECHWOOD LANE

City	State	Zip Code
DALLAS	TX	75220-1909

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1159819135271**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. DAVID J FALK**

Mailing Address 323 LAWRENCE AVE

City	State	Zip Code
HIGHLAND PARK	NJ	08904-1851

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Optum Services, Inc	Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1159820235271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	386.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. RICHARD J MIGLIORI**

Mailing Address **PO BOX 72**

City **WAYZATA** State **MN** Zip Code **55391-0072**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **EVP Consumr Hlth Med Care**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1159827435271**

Amount of Each Receipt this Period  

300.00
--------

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. BARBARA C BUENEMANN**

Mailing Address **128 ROSEBROOK DR**

City **FLORISSANT** State **MO** Zip Code **63031-8633**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **Dir Cust Service**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1159828735271**

Amount of Each Receipt this Period  

34.62
-------

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JEANNINE M RIVET**

Mailing Address **4305 TRILLIUM WAY**

City **MINNETRISTA** State **MN** Zip Code **55364-7708**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **EVP UnitedHlth Grp**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3846.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1159830035271**

Amount of Each Receipt this Period  

576.90
--------

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>911.52</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. Mr. ANTHONY WELTERS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 919 SAIGON ROAD		<b>Transaction ID : PR1332013235271</b>
City MCLEAN	State VA	Zip Code 22102-2116
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 7576.90	
Name of Employer United HealthCare Services Inc	Occupation Sr Advsr to Office of CEO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT J BOHNENKAMP</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 4925 WOODS COURT		<b>Transaction ID : PR1551005635271</b>
City GREENWOOD	State MN	Zip Code 55331-9291
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 117.00	
Name of Employer Optum Services, Inc	Occupation Bus Segment CIO	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL J BRESOLIN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 121 W VIEW STREET		<b>Transaction ID : PR1551005735271</b>
City LOMBARD	State IL	Zip Code 60148-1659
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer Optum Services, Inc	Occupation Dir Care Advo	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	753.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 214  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHRISTOPHER R HOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 WINDMILL HILL  
 City WETHERSFIELD State CT Zip Code 06109-2746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1551128935271**  
 Amount of Each Receipt this Period 34.62  
 P/R Deduction (\$11.54 Bi-Weekly)

**B. MICHAEL C MATTEO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 JEREMIAHS WAY  
 City SOUTH GLASTONBURY State CT Zip Code 06073-3621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1551133435271**  
 Amount of Each Receipt this Period 346.14  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. JOHN O ENDERLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 ANDREIS TRAIL  
 City SOUTH WINDSOR State CT Zip Code 06074-2142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1554323535271**  
 Amount of Each Receipt this Period 165.00  
 P/R Deduction (\$55.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 545.76  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CATHERINE E SPILLANE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3807 PLEASANT VALLEY DRIVE

City MISSOURI CITY State TX Zip Code 77459-4111

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Dir Bus Process

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR1554324635271**

Amount of Each Receipt this Period  
 57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B. KAREN L ERICKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR1575957635271**

Amount of Each Receipt this Period  
 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C. ERNEST MONFILETTO**  
Full Name (Last, First, Middle Initial)

Mailing Address 3062 COMFORT ROAD

City NEW HOPE State PA Zip Code 18938-5622

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Ntwk Prgms

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR1575958135271**

Amount of Each Receipt this Period  
 230.76

P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LEE D VALENTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 GOLF TERRACE  
 City EDINA State MN Zip Code 55424-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Pres Lif Scis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1575958535271**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LAURA A CAHILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 LAKE SIDE ROAD  
 City MOUNT KISCO State NY Zip Code 10549-4204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Sr Sols Sls Exec Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1580863635271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. THOMAS S PAUL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 QUEEN AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55405-2350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation UHC Chief Cnsmr Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1580864735271**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	919.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ROBERT THOMAS WEBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4516 DREXEL AVENUE  
 City EDINA State MN Zip Code 55424-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1580865335271**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RICHARD J HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 735 SAINT MORITZ  
 City VICTORIA State MN Zip Code 55386-3706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Human Capital Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596304135271**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. THAD C JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9741 GLACIER BAY  
 City EDEN PRAIRIE State MN Zip Code 55347-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596304335271**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1176.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAY S MATUSHAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5501 LAKEVIEW DRIVE  
 City EDINA State MN Zip Code 55424-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596304635271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DANIEL J SCHUMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 LARADA LANE  
 City EDINA State MN Zip Code 55436-1024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596305435271**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCOTT E THEISEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 MEADOWWOODS TRAIL  
 City LONG LAKE State MN Zip Code 55356-9312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596305635271**  
 Amount of Each Receipt this Period 57.69  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	751.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. THOMAS D LEWIS**

Mailing Address 306 CHIPPEWA AVENUE

City TAMPA      State FL      Zip Code 33606-3614

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc      Occupation Hlth Plan CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1144.22

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR1596306935271**

Amount of Each Receipt this Period  
 490.40

P/R Deduction (\$225.97 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ROBERT W OBERRENDER**

Mailing Address 4505 MOORLAND AVENUE

City EDINA      State MN      Zip Code 55424-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc      Occupation SVP Treasurer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2200.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR1596307035271**

Amount of Each Receipt this Period  
 330.00

P/R Deduction (\$110.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MICHAEL J ANDERSON**

Mailing Address 17907 INVERNESS CURVE

City EDEN PRAIRIE      State MN      Zip Code 55347-2155

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc      Occupation Dir Med Clin Ops

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR1596309335271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 862.40

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DIANE BEDNAR FLYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3318 FOXRIDGE CIRCLE  
 City TAMPA State FL Zip Code 33618-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596309735271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. JEFFREY P DOOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1142 GREENBROOK DRIVE  
 City DANVILLE State CA Zip Code 94526-4306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596312135271**  
 Amount of Each Receipt this Period 34.62  
 P/R Deduction (\$11.54 Bi-Weekly)

**C. STEVAN D GARCIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28115 BOULDER BRIDGE DRIVE  
 City EXCELSIOR State MN Zip Code 55331-7959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2519.23

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596312935271**  
 Amount of Each Receipt this Period 2192.32  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2343.94
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. KURT A HEUMANN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR1596313735271</b>
Mailing Address 9825 GERALD DR		Amount of Each Receipt this Period 60.00
City SAINT LOUIS	State MO	Zip Code 63128-1767
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN A MALLATT</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR1596315435271</b>
Mailing Address 4304 SOUTH 167 AVENUE		Amount of Each Receipt this Period 115.38
City OMAHA	State NE	Zip Code 68135-1353
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Exec Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	
		P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. JOHN H RENNICK JR</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR1596316835271</b>
Mailing Address 3220 LAKEWOOD EDGE DRIVE		Amount of Each Receipt this Period 57.69
City CHARLOTTE	State NC	Zip Code 28269-7705
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Med Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	
		P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	233.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL I ROSENTHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 SLEEPY HOLLOW LANE  
 City ORINDA State CA Zip Code 94563-1340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Pres Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596317335271**  
 Amount of Each Receipt this Period 288.45  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. KEVIN J RUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16621 ALEXANDER MANOR DRIVE  
 City SILVER SPRING State MD Zip Code 20905-5028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP, Hlth Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596317435271**  
 Amount of Each Receipt this Period 288.45  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. DAVID C STURKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 CONE FLOWER WAY  
 City SUWANEE State GA Zip Code 30024-8576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596318435271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	693.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ROXANNE THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code  
CIRCLE PINES MN 55014-5488

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Prod

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR1596318935271**

Amount of Each Receipt this Period  
**34.62**

P/R Deduction (\$11.54 Bi-Weekly)

**B. JEFFREY ALAN TODD**  
Full Name (Last, First, Middle Initial)

Mailing Address 467 PRAIRIE WAY SOUTH

City State Zip Code  
BAYPORT MN 55003-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR1596319035271**

Amount of Each Receipt this Period  
**75.00**

P/R Deduction (\$25.00 Bi-Weekly)

**C. M LAURIE WASSERSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 92 GOODWIN CIRCLE

City State Zip Code  
HARTFORD CT 06105-5205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc PS NA VP Clnt Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR1596319535271**

Amount of Each Receipt this Period  
**57.69**

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **167.31**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MYRON R WERLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4260 FOXBERRY COURT

City MEDINA State MN Zip Code 55340-9390

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1596319635271**

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. JOHN P DODDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 ROXITICUS VIEW

City CHESTER State NJ Zip Code 07930-3020

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP Info Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1600597335271**

Amount of Each Receipt this Period 117.00

P/R Deduction (\$39.00 Bi-Weekly)

**C. MICHAEL D MICHAUX**  
Full Name (Last, First, Middle Initial)

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105-3343

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP GM PCM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1600598535271**

Amount of Each Receipt this Period 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 477.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. LEWIS G SANDY</b>		Date of Receipt
Mailing Address 4800 SUNNYSLOPE ROAD E		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : PR1600598735271</b>
EDINA	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="300.00"/>
55424-1163		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	SVP Clin Advancement	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MATTHEW W PETERSON</b>		Date of Receipt
Mailing Address 20595 SPENCER LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : PR1602669935271</b>
EXCELSIOR	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="300.00"/>
55331-4523		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Bus Segment CAO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY W MALONEY</b>		Date of Receipt
Mailing Address 18076 CLEAR SPRING LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : PR1613243535271</b>
EDEN PRAIRIE	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="288.45"/>
55347-1078		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer	Occupation	
Optum Services, Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1923.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="888.45"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WILLIAM F KENNEDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 MYRA LN

City BURLINGTON State CT Zip Code 06013-1327

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR1653443135271**

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. STEVE R KOOREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4444 ELLSWORTH DRIVE

City EDINA State MN Zip Code 55435-4150

FEC ID number of contributing federal political committee. **C**

Name of Employer UHC International Services Inc Occupation Bus Segment CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR1653443235271**

Amount of Each Receipt this Period  
 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C. THOMAS J BELLAMY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55416-4346

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Sls Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1154.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR1653444335271**

Amount of Each Receipt this Period  
 173.10

P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	810.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL T SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 QUORN HUNT ROAD

City WEST SIMSBURY	State CT	Zip Code 06092-2524
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation VP IT
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **548.85**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1653445835271**

Amount of Each Receipt this Period  

225.45
--------

P/R Deduction (\$75.15 Bi-Weekly)

**B. ELIZABETH DARCIE CORBIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7985 LEA CIRCLE

City BLOOMINGTON	State MN	Zip Code 55438-1286
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Hlth Care Initiv
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1669432235271**

Amount of Each Receipt this Period  

300.00
--------

P/R Deduction (\$100.00 Bi-Weekly)

**C. ANN DESTWOLINSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4247 ROSE PETAL COURT

City ELLICOTT CITY	State MD	Zip Code 21043-4973
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Preservice Review
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1806441635271**

Amount of Each Receipt this Period  

33.00
-------

P/R Deduction (\$11.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>558.45</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WILLIAM TALAMANTES**  
Full Name (Last, First, Middle Initial)

Mailing Address 11618 ROLLING MEADOW DR

City State Zip Code  
GREAT FALLS VA 22066-1342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Six Sigma Cnslt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR1806444735271**

Amount of Each Receipt this Period  
**120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**B. LORI A ARCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2781 SADDLE CLUB ROAD

City State Zip Code  
GREENWOOD IN 46143-9211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Prov Svc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR1806750135271**

Amount of Each Receipt this Period  
**34.62**

P/R Deduction (\$11.54 Bi-Weekly)

**C. PAUL M EMERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 18855 MEADOW VIEW BLVD

City State Zip Code  
PRIOR LAKE MN 55372-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR1806750335271**

Amount of Each Receipt this Period  
**115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **270.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CATHERINE K ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 SIMMONS LANE  
 City SEVERNA PARK State MD Zip Code 21146-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1903550735271**  
 Amount of Each Receipt this Period 291.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. KATHLEEN L BISHOP-HEROUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 COTTAGE RD  
 City ENFIELD State CT Zip Code 06082-2208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1903560835271**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. ROBERT J DUFEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 PROMONTORY PLACE  
 City EAGAN State MN Zip Code 55123-2297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR1903577135271**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 426.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SUSAN B EDBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9727 WELLINGTON RIDGE  
 City State Zip Code  
 WOODBURY MN 55125-9592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP Ops  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR1903578135271**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. CHRISTOPHER T JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12880 53RD STREET NORTH  
 City State Zip Code  
 STILLWATER MN 55082-1063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP Gen Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR1903591135271**  
 Amount of Each Receipt this Period  
 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. STEVEN F PENN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6766 IDLEWOOD WAY  
 City State Zip Code  
 EDEN PRAIRIE MN 55346-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP Fin  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR1903612935271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	459.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN C SANTELLI**  
Full Name (Last, First, Middle Initial)

Mailing Address 20030 EXCELSIOR BLVD

City EXCELSIOR	State MN	Zip Code 55331-8727
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation SVP CIO
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1903622035271**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. LORI A STEERUP**  
Full Name (Last, First, Middle Initial)

Mailing Address 7019 DONLEA LANE

City EDEN PRAIRIE	State MN	Zip Code 55346-3164
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner Mgr
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1903628635271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. PAUL D WEYMOUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 WRIGHTS MILL RD

City COVENTRY	State CT	Zip Code 06238-1559
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation VP IT
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR1903636935271**

Amount of Each Receipt this Period  
57.69

P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	399.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PAMELA JAMIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 15316 COUTOLENC RD

City MAGALIA State CA Zip Code 95954-9791

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR1910417435271**

Amount of Each Receipt this Period **34.62**

P/R Deduction (\$11.54 Bi-Weekly)

**B. BRADLEY E ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1046 THORNBERRY CREEK DR

City ONEIDA State WI Zip Code 54155-8632

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealthcare Legal Occupation Sr Assc Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2119466835271**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**C. RUSSELL A BENNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 HALSEY AVE

City LAGUNA NIGUEL State CA Zip Code 92677-5327

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2119468035271**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **154.62**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KATHIE L BRYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 912 JOSHUA PLACE

City SAN DIEGO State CA Zip Code 92154-2537

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Dir Mktg Comm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119469435271**

Amount of Each Receipt this Period 75.00

P/R Deduction (\$25.00 Bi-Weekly)

**B. COLLEEN CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 5515 W 73RD AVENUE

City WESTMINSTER State CO Zip Code 80003-3311

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qlty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119469935271**

Amount of Each Receipt this Period 45.00

P/R Deduction (\$15.00 Bi-Weekly)

**C. RICHARD A CROSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR State CA Zip Code 90720-2931

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Deputy Gen Counsel Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119471835271**

Amount of Each Receipt this Period 75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. KENNETH R DAVIS**

Mailing Address 315 N 71ST ST

City State Zip Code  
 SEATTLE WA 98103-5019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Med Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2119472535271**

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. LINDA M DAYAN**

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code  
 LONG BEACH CA 90815-3023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Optum Services, Inc Chief of Staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2119472635271**

Amount of Each Receipt this Period  
 57.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. TODD J DEMBROSKI**

Mailing Address 1390 FINCH LN

City State Zip Code  
 GREEN BAY WI 54313-6400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Act Svs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2119472835271**

Amount of Each Receipt this Period  
 45.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 162.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. AMY J GILDERNICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2709 WILLIAMS GRANT

City DE PERE State WI Zip Code 54115-9456

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2119475235271**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. DAVID M HANSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 VIA CONOCIDO

City SAN CLEMENTE State CA Zip Code 92673-7044

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2119476735271**

Amount of Each Receipt this Period  
**405.00**

P/R Deduction (\$135.00 Bi-Weekly)

**C. SAMUEL W HO**  
Full Name (Last, First, Middle Initial)

Mailing Address 4220 OCEAN DR

City MANHATTAN BEACH State CA Zip Code 90266-3059

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Mkt Grp Chief Clin Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2119477935271**

Amount of Each Receipt this Period  
**461.40**

P/R Deduction (\$153.80 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>926.40</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. BRIAN JEFFREY**

Mailing Address 9 RIMROCK

City IRVINE State CA Zip Code 92603-3604

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Regn Pres Ntwk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2119479135271**

Amount of Each Receipt this Period  
**75.00**

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JOHN D JONES**

Mailing Address 3562 REDWOOD

City IRVINE State CA Zip Code 92606-2124

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1920.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2119479235271**

Amount of Each Receipt this Period  
**288.00**

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MARK C KNUTSON**

Mailing Address 19312 FAIRHAVEN EXT

City SANTA ANA State CA Zip Code 92705-6310

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP Cust Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2119480235271**

Amount of Each Receipt this Period  
**45.00**

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **408.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. SANDY M LUEDKE**

Mailing Address 1208 COPRINUS DR

City GREEN BAY State WI Zip Code 54313-7286

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation IT Database Cnslt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2119482235271**

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. HEATHER M MACE-MEADOR**

Mailing Address 13531 CARLTON OAKS

City SAN ANTONIO State TX Zip Code 78232-4902

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2119482535271**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JEFFREY S MASON**

Mailing Address 5670 SHEMIRAN ST

City LA VERNE State CA Zip Code 91750-2380

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2119483035271**

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SCOTT A NEURURER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23822 VIA MONTE  
 City COTO DE CAZA State CA Zip Code 92679-4001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.26

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119484935271**  
 Amount of Each Receipt this Period 56.26  
 P/R Deduction (\$23.13 Bi-Weekly)

**B. KEITH E NYGARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1139 E OCEAN BOULEVARD #106  
 City LONG BEACH State CA Zip Code 90802-6521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Compli Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119485035271**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. TRACY L OLLMANN-WAGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2839 TIMBER LANE  
 City GREEN BAY State WI Zip Code 54313-5841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Mgr Sls Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119485235271**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	161.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LYNDA A PAXSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3924 E GARNET PL  
 City State Zip Code  
 HIGHLANDS RANCH CO 80126-5044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Sr Field Acct Mgr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2119485835271**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. DIANA S PETE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9010 MORNINGSTAR DRIVE  
 City State Zip Code  
 SUGAR LAND TX 77479-3316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Utilization Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2119486335271**  
 Amount of Each Receipt this Period  
 36.00  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. MICHELLE LYNN PETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1128 COUNTRYSIDE DR  
 City State Zip Code  
 DE PERE WI 54115-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Act Svs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2119486435271**  
 Amount of Each Receipt this Period  
 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	156.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. AUSTIN T PITTMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 LOCH RIDGE DRIVE

City Greensboro State NC Zip Code 27408-3868

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119486735271**

Amount of Each Receipt this Period 405.00

P/R Deduction (\$135.00 Bi-Weekly)

**B. CYNTHIA L POLICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 3401 E VIA PALOMITA

City Tucson State AZ Zip Code 85718-3371

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Strat Initiv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119486835271**

Amount of Each Receipt this Period 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C. JAMES E PROCHNOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 143 RUSTIC OAK DRIVE

City Luxemburg State WI Zip Code 54217-7320

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119487235271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	747.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MARILYNN D STYERS**  
Full Name (Last, First, Middle Initial)  
Marilynn D Styers  
Mailing Address 6485 WAYFINDERS CT  
City CARLSBAD State CA Zip Code 92011-4076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Med Clin Ops  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2119490735271**  
Amount of Each Receipt this Period **60.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. CHERYL TANIGAWA MD**  
Full Name (Last, First, Middle Initial)  
Cheryl Tanigawa MD  
Mailing Address 5598 NAPLES CANAL  
City LONG BEACH State CA Zip Code 90803-4018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Entrprs Hlth Svs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1634.55**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2119491135271**  
Amount of Each Receipt this Period **288.45**  
P/R Deduction (\$96.15 Bi-Weekly)

**C. CHERYL A THOMSON**  
Full Name (Last, First, Middle Initial)  
Cheryl A Thomson  
Mailing Address 222 FOREST DR  
City SOBIESKI State WI Zip Code 54171-9748  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealthcare Legal Occupation Dir Compli  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2119491635271**  
Amount of Each Receipt this Period **45.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **393.45**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. STEVEN M TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12331 COUNTRY LANE  
 City SANTA ANA State CA Zip Code 92705-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119492035271**  
 Amount of Each Receipt this Period 288.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. SUSAN VANASTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N2249 NICOLE COURT  
 City KAUKAUNA State WI Zip Code 54130-9462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Site Dir Medicr Ins Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119492635271**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. SCOTT B WESTPHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4536 ROCKY RUN LN  
 City OCONTO State WI Zip Code 54153-9268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119493235271**  
 Amount of Each Receipt this Period 34.62  
 P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 442.62  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LINDA D DAUGHERTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15442 NORTH 19TH WAY  
 City PHOENIX State AZ Zip Code 85022-3329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealthcare Legal Occupation Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119493535271**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. GREGORY WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13901 MAUVE DRIVE  
 City SANTA ANA State CA Zip Code 92705-2649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119494135271**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. GEORGE M YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36296 N 98TH WAY  
 City SCOTTSDALE State AZ Zip Code 85262-3138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2119494435271**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN TYLER J MASON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2083  
 City CYPRESS State CA Zip Code 90630-1583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2126373835271**  
 Amount of Each Receipt this Period 1500.00  
 P/R Deduction (\$500.00 Bi-Weekly)

**B. FORREST G BURKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 380 LEAF STREET  
 City ORONO State MN Zip Code 55356-9733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Pres PS Labor Trust  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2133132435271**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. WILLIAM R COLEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 RATLEY ROAD  
 City WEST SUFFIELD State CT Zip Code 06093-2400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2133132535271**  
 Amount of Each Receipt this Period 36.00  
 P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► 1836.00  
**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL M CUMMINGS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1929 FAIRMOUNT AVE

City SAINT PAUL State MN Zip Code 55105-1539

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Dir Fin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2133132635271**

Amount of Each Receipt this Period 45.00

P/R Deduction (\$15.00 Bi-Weekly)

**B. BROR O HULTGREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 22ND ST

City GOLDEN State CO Zip Code 80401-2452

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1706.70

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2133133235271**

Amount of Each Receipt this Period 396.63

P/R Deduction (\$132.21 Bi-Weekly)

**C. ALLEN D MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6209 CRESCENT DRIVE

City EDINA State MN Zip Code 55436-2530

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Regn Exec Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2133133635271**

Amount of Each Receipt this Period 105.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 546.63

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SUSAN C MORISATO**  
Full Name (Last, First, Middle Initial)

Mailing Address 238 ARDMORE ROAD

City DES PLAINES State IL Zip Code 60016-2119

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Pres Insurance Sols

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3860.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2133133835271**

Amount of Each Receipt this Period  
579.00

P/R Deduction (\$193.00 Bi-Weekly)

**B. KIMBERLY ALLENE NETTLETON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5003 DARNELL

City HOUSTON State TX Zip Code 77096-1510

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Prod

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2133133935271**

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$15.00 Bi-Weekly)

**C. T JEFFREY PUTNAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 ELMWOOD PLACE WEST

City MINNEAPOLIS State MN Zip Code 55419-1349

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Fin Plng Anlys

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2133134235271**

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1200.90

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DIANE M SCHIMMELBUSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2203 RIVER FALLS DRIVE  
 City KINGWOOD State TX Zip Code 77339-3124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2133134635271**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. ROBERT C FALKENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6069 WEATHERED OAK CT  
 City WESTERVILLE State OH Zip Code 43082-8304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2145728435271**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WAYNE MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19521 SIERRA SOTO RD  
 City IRVINE State CA Zip Code 92603-3840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation SVP Clint Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2145729235271**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LEAH C RUMMEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12100 TRAUTWEIN ROAD  
 City AUSTIN State TX Zip Code 78737-9358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2145729535271**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. DANNETTE L SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 ALDEN DRIVE  
 City EDINA State MN Zip Code 55416-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3860.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2145729935271**  
 Amount of Each Receipt this Period 579.00  
 P/R Deduction (\$193.00 Bi-Weekly)

**C. RANDALL SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20607 BROADWATER DRIVE  
 City LAND O LAKES State FL Zip Code 34638-8328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2145730035271**  
 Amount of Each Receipt this Period 34.62  
 P/R Deduction (\$11.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	658.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MARGARET W SPARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 26091 RED CORRAL ROAD

City LAGUNA HILLS State CA Zip Code 92653-6310

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2145730235271**

Amount of Each Receipt this Period 150.00

P/R Deduction (\$50.00 Bi-Weekly)

**B. DAVID A SPIVACK**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 HIDDEN TRAIL

City IRVINE State CA Zip Code 92603-0212

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation SVP Bus Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2162867635271**

Amount of Each Receipt this Period 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C. KURT C LEWIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 961 RIVER FOREST DRIVE

City MAINEVILLE State OH Zip Code 45039-7720

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SB KA VP SIs Acct Mgt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2203967535271**

Amount of Each Receipt this Period 34.62

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 761.52

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. CHRISTINE W GIBSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 <b>Transaction ID : PR2225166735271</b>
Mailing Address 8516 29TH AVE N		Amount of Each Receipt this Period 346.14
City NEW HOPE	State MN	Zip Code 55427-2622
FEC ID number of contributing federal political committee. C		P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation VP Strat Initiv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60	

Full Name (Last, First, Middle Initial) <b>B. JEAN-FRANCOIS BEAULE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 <b>Transaction ID : PR2225813635271</b>
Mailing Address 7 STRATFORD RD		Amount of Each Receipt this Period 173.10
City FARMINGTON	State CT	Zip Code 06032-1444
FEC ID number of contributing federal political committee. C		P/R Deduction (\$57.70 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SVP Hlth Advancement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.00	

Full Name (Last, First, Middle Initial) <b>C. NANCY SUSAN CARRUTH</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 <b>Transaction ID : PR2225818435271</b>
Mailing Address 10140 26TH AVENUE NORTH		Amount of Each Receipt this Period 45.00
City PLYMOUTH	State MN	Zip Code 55441-3226
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation Dir IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	564.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. MICHAEL MCGUIRE**

Mailing Address 437 DRURY LANE

City State Zip Code  
 WYCKOFF NJ 07481-2204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 468.57

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2225818835271**

Amount of Each Receipt this Period  
 128.57

P/R Deduction (\$88.57 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ERIC S RANGEN**

Mailing Address 15348 RED OAKS ROAD SE

City State Zip Code  
 PRIOR LAKE MN 55372-1834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Chief Acctng Off

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3846.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2225819335271**

Amount of Each Receipt this Period  
 576.90

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JOHN D RYAN**

Mailing Address 45 WESTMORELAND LN

City State Zip Code  
 NAPERVILLE IL 60540-5817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc RVP Clnt Mgmt Svc

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 769.20

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2225819635271**

Amount of Each Receipt this Period  
 115.38

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 820.85

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ROY THOMAS SAILOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 276 COYOTE WILLOW DRIVE  
 City COLORADO SPRINGS State CO Zip Code 80921-7631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2225819735271**  
 Amount of Each Receipt this Period 230.76  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. MICHAEL LEE CORNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12642 CHIEFS COURT  
 City FISHERS State IN Zip Code 46037-9553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2231346935271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. KAREN A DIPALMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7533 PRAIRIE VIEW DR  
 City INDIANAPOLIS State IN Zip Code 46256-8408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2231347235271**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	362.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. DARRELL S RICHEY</b>		Date of Receipt
Mailing Address 10823 MOORS END CIRCLE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
FISHERS	IN	46038-2612
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2231352335271</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="240.00"/>
Name of Employer	Occupation	P/R Deduction (\$80.00 Bi-Weekly)
United HealthCare Services Inc	Deputy Gen Counsel Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL R CONNLY</b>		Date of Receipt
Mailing Address 570 MONTCALM PL		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAINT PAUL	MN	55116-1730
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2247625835271</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
Optum Services, Inc	Chief Tech Off	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH R CARCIONE JR</b>		Date of Receipt
Mailing Address 11 CARRIAGE WAY		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
WHITE PLAINS	NY	10605-5424
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2247626835271</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="173.10"/>
Name of Employer	Occupation	P/R Deduction (\$57.70 Bi-Weekly)
United HealthCare Services Inc	Med Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1154.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="713.10"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KEVIN DAVID KANTOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7031 HALSTEAD DRIVE  
 City State Zip Code  
 MINNETRISTA MN 55364-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP IT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2247627035271**  
 Amount of Each Receipt this Period  
 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DENNIS P O'BRIEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 LOUGHLIN AVE  
 City State Zip Code  
 COS COB CT 06807-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Regn Pres  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1923.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2247627335271**  
 Amount of Each Receipt this Period  
 288.45  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. JEFFERY RICHARD VERNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 266 WESTLEDGE ROAD  
 City State Zip Code  
 WEST SIMSBURY CT 06092-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Gen Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1154.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2247627435271**  
 Amount of Each Receipt this Period  
 173.10  
 P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 578.55  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. SANJAY GARODIA</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR2247627835271</b>
Mailing Address 282 MIDDAUGH		Amount of Each Receipt this Period 115.38
City CLARENDON HILLS	State IL	Zip Code 60514-1067
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	

Full Name (Last, First, Middle Initial) <b>B. DANIEL L OHMAN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR2247628035271</b>
Mailing Address 8970 MOOR PARK RUN		Amount of Each Receipt this Period 288.45
City DULUTH	State GA	Zip Code 30097-6621
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Regn CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY J CRUMBAUGH</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR2259635235271</b>
Mailing Address 12946 SNOW LAKE DR		Amount of Each Receipt this Period 42.00
City FRISCO	State TX	Zip Code 75035-0454
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation M R Sls Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	445.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. JOHN M PRINCE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 546 HARRINGTON ROAD		<b>Transaction ID : PR2259738435271</b>
City WAYZATA	State MN	Zip Code 55391-1550
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 291.00
Name of Employer Optum Services, Inc	Occupation Optum Exec	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1940.00	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER L CRONN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 800 W 38TH APT 9101		<b>Transaction ID : PR2270522935271</b>
City AUSTIN	State TX	Zip Code 78705-1199
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.38
Name of Employer United HealthCare Services Inc	Occupation Govt Affs Dir	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

Full Name (Last, First, Middle Initial) <b>C. CAROLE D CURRY</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 411 FLEECE FLOWER DRIVE		<b>Transaction ID : PR2402315735271</b>
City GAITHERSBURG	State MD	Zip Code 20878-2646
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation Sr Proj Mgr II	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	448.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. MJ FRASCINO**

Mailing Address 7 PIONEER DRIVE

City State Zip Code  
 ELLINGTON CT 06029-3221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Mktg

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2402316535271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ANGELA DAWN KEPLEY CARRIER**

Mailing Address 3219 PENINSULA DRIVE

City State Zip Code  
 JAMESTOWN NC 27282-8717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Med Clin Ops

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2402317735271**

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MARILYN LEVI-BAUMGARTEN**

Mailing Address 4800 W 27TH ST

City State Zip Code  
 SAINT LOUIS PARK MN 55416-1933

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Optum Services, Inc Dir Gen Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2402317935271**

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 162.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAKE LOGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4826 EAST CALLE REDONDA

City PHOENIX State AZ Zip Code 85018-2931

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1797.30

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR2402318235271

Amount of Each Receipt this Period 351.30

P/R Deduction (\$117.10 Bi-Weekly)

**B. MARIA MCCAULEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7511 4TH AVENUE DRIVE NW

City BRADENTON State FL Zip Code 34209-7219

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR2402318435271

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Bi-Weekly)

**C. STACY S MCGRATH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5801 CHOWEN AVE S

City EDINA State MN Zip Code 55410-2759

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Dir Proj Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR2402318535271

Amount of Each Receipt this Period 45.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 416.30

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SHELLEY WIKE CRANLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3801 MAURICE COURT  
 City LAS VEGAS State NV Zip Code 89108-5245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealthcare Legal Occupation Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2402444435271**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. JAY M ANLIKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4306 MOUNTAIN LANE  
 City WAUSAU State WI Zip Code 54401-8543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation CEO TPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2402445035271**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. JAMES H BECKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 378 FERNDAL ROAD WEST  
 City WAYZATA State MN Zip Code 55391-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3077.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2402445135271**  
 Amount of Each Receipt this Period 461.55  
 P/R Deduction (\$153.85 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	596.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAMES C COLEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4720 WEST 66TH STREET

City	State	Zip Code
EDINA	MN	55435-1506

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	SVP Empl Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2402445235271**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. JOHN L LARSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11688 TANGLEWOOD DRIVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-4726

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Optum Services, Inc	Bus Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3860.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2402445635271**

Amount of Each Receipt this Period  
579.00

P/R Deduction (\$193.00 Bi-Weekly)

**C. JOY O HIGA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2208 ELM AVENUE

City	State	Zip Code
MANHATTAN BEACH	CA	90266-2809

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	VP Regl Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2402446235271**

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	969.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. CORY ALEXANDER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 4203 BRADLEY LANE		<b>Transaction ID : PR2405428835271</b>
City CHEVY CHASE	State MD	Zip Code 20815-5234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer United HealthCare Services Inc	Occupation EVP External Affairs	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	

Full Name (Last, First, Middle Initial) <b>B. PETER H WALSH</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 495 HIGHCROFT ROAD		<b>Transaction ID : PR2405431135271</b>
City WAYZATA	State MN	Zip Code 55391-1548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.00
Name of Employer United HealthCare Services Inc	Occupation Sr Deputy Gen Counsel	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1940.00	

Full Name (Last, First, Middle Initial) <b>C. KAREN ANN SAELENS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 105 N FLORENCE AVE		<b>Transaction ID : PR2408544835271</b>
City LITCHFIELD PARK	State AZ	Zip Code 85340-4424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer United HealthCare Services Inc	Occupation Exec Dir	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	927.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KATHLYN G WEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2225 46TH ST NW  
 City WASHINGTON State DC Zip Code 20007-1032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation SVP State Sls OptumI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2408545035271**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. GAIL KOZIARA BOUDREAUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 841 HOLDEN COURT  
 City LAKE FOREST State IL Zip Code 60045-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2437119535271**  
 Amount of Each Receipt this Period 576.93  
 P/R Deduction (\$192.31 Bi-Weekly)

**C. JEFFREY SEAN CORZINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7649 EARLINGTON PARKWAY  
 City DUBLIN State OH Zip Code 43017-3424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2437119735271**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 696.93  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. WILLIAM A HAGAN**

Mailing Address 6536 E GREYTHORN DRIVE

City State Zip Code  
 SCOTTSDALE AZ 85266-6761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Chief Growth Off

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 769.20

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2437120035271**

Amount of Each Receipt this Period  
 115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. RITA FAYE JOHNSON-MILLS**

Mailing Address 9727 SKY LANE

City State Zip Code  
 EDEN PRAIRIE MN 55347-3814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Ops

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2437120135271**

Amount of Each Receipt this Period  
 45.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JACK S WEISS**

Mailing Address 6245 NORTH 75 STREET

City State Zip Code  
 SCOTTSDALE AZ 85250-4621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Bus Seg Chief Med Off

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2437120535271**

Amount of Each Receipt this Period  
 75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.38

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PAUL JOSEPH BALTHAZOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code  
BROOKLYN PARK MN 55443-1754

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Bus Segment CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2437120735271

Amount of Each Receipt this Period  
180.00

P/R Deduction (\$60.00 Bi-Weekly)

**B. LAURA L NESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10550 PINNACLE WAY

City State Zip Code  
WOODBURY MN 55129-4282

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2437121535271

Amount of Each Receipt this Period  
117.00

P/R Deduction (\$39.00 Bi-Weekly)

**C. JOHN W COSGRIFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 1837 SUMMIT LANE

City State Zip Code  
MENDOTA HEIGHTS MN 55118-4137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Chief of Staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3804.80

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2437121635271

Amount of Each Receipt this Period  
597.60

P/R Deduction (\$199.20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	894.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. PETER W RAINEY**

Mailing Address 3115 WEST 47 STREET

City State Zip Code  
 MINNEAPOLIS MN 55410-1857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Fin

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2300.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2437127535271**

Amount of Each Receipt this Period  
 345.00

P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ROBIN E LIPPERT**

Mailing Address 522 4 STREET SOUTH EAST

City State Zip Code  
 WASHINGTON DC 20003-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP External Affs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3846.20

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2439928035271**

Amount of Each Receipt this Period  
 576.93

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. STEPHEN M HEYMAN**

Mailing Address 5300 SHERRILL AVENUE

City State Zip Code  
 CHEVY CHASE MD 20815-3720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Govt Affs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2444265735271**

Amount of Each Receipt this Period  
 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1221.93

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DONALD S LANGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5110 OAK RAMBLING DRIVE  
 City KATY State TX Zip Code 77494-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Plan Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2445015435271**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. NANCY A LIND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2703 NORTHVIEW LANE  
 City CEDAR FALLS State IA Zip Code 50613-1655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2445016235271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. AMY R ADLINGTON SHKABERIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4428 XERXES AVENUE S  
 City MINNEAPOLIS State MN Zip Code 55410-1417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2445016435271**  
 Amount of Each Receipt this Period 288.45  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. LILLI ANN HIRSH</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 7379 DEVIN LANE		<b>Transaction ID : PR2445016735271</b>
City SHAKOPEE	State MN	Zip Code 55379-7029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner Mgr	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. MARK J DUHAIME</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 5781 RUBY DRIVE		<b>Transaction ID : PR2445016935271</b>
City TROY	State MI	Zip Code 48085-3922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 288.45
Name of Employer Optum Services, Inc	Occupation Mkt Grp CIO	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID B SIEGEL</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 264 LAKEWOOD DRIVE		<b>Transaction ID : PR2445017135271</b>
City BLOOMFIELD HILLS	State MI	Zip Code 48304-3531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 136.89
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$45.63 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 912.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	467.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. EILEEN J LIVERANI**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 BOSTOCK ROAD

City SHOKAN State NY Zip Code 12481-5400

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 554.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2460167235271**

Amount of Each Receipt this Period 83.10

P/R Deduction (\$27.70 Bi-Weekly)

**B. DANIEL KRAJNOVICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 9958 BUTTOWNDOWN LANE

City ZIONSVILLE State IN Zip Code 46077-8135

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2460167335271**

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C. JUNE THIELEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6245 WAKEFIELD COURT

City SHAKOPEE State MN Zip Code 55379-7091

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Human Capital

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2460167535271**

Amount of Each Receipt this Period 41.40

P/R Deduction (\$13.80 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 184.50

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. LARRY C RENFRO**

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810-2845

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation EVP UHG CEO Optum

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2460168135271**

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. DAVID B ORBUCH**

Mailing Address 3370 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1923.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2460168235271**

Amount of Each Receipt this Period  
288.45

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. ERIC J WEXLER**

Mailing Address 7220 WILLOW OAK DR

City WEST BLOOMFIELD State MI Zip Code 48324-3081

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2463723135271**

Amount of Each Receipt this Period  
96.00

P/R Deduction (\$32.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	961.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. SUE SCHICK**

Mailing Address 1220 DENBIGH LANE

City WAYNE State PA Zip Code 19087-4644

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief Growth Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3690.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2480620535271**

Amount of Each Receipt this Period **585.00**

P/R Deduction (\$195.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. CHRISTOPHER MARK ABBOTT**

Mailing Address W154N6076 HICKORY HOLLOW CT

City MENOMONEE FALLS State WI Zip Code 53051-5891

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Regn Exec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2484541535271**

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. LILLIAN R HECKMAN**

Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL State PA Zip Code 19422-1371

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2484542135271**

Amount of Each Receipt this Period **90.00**

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **717.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. MARK A PHILLIPS**  
 Mailing Address 1760 LUCY RIDGE CT  
 City State Zip Code  
 CHANHASSEN MN 55317-7661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP SIs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1923.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2484542635271**  
 Amount of Each Receipt this Period  
 288.45  
 P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JERI G KUBICKI**  
 Mailing Address 7659 COLDSTREAM DRIVE  
 City State Zip Code  
 CINCINNATI OH 45255-3932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Govt Affs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2486697835271**  
 Amount of Each Receipt this Period  
 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. THOMAS B MANDERFELD**  
 Mailing Address 4835 PENN AVENUE SOUTH  
 City State Zip Code  
 MINNEAPOLIS MN 55419-5258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Gen Mgmt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2486697935271**  
 Amount of Each Receipt this Period  
 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 985.35  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DIRK C MCMAHON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60 WILDHURST ROAD  
City EXCELSIOR State MN Zip Code 55331-8461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation Bus Segment CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2491457035271**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**B. DONALD H NATHAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 275 GREENWICH STREET #30  
City NEW YORK State NY Zip Code 10007-2150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Chief Comm Off  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 3235.21

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2491457335271**  
Amount of Each Receipt this Period 882.33  
P/R Deduction (\$294.11 Bi-Weekly)

**C. KATHRYN M SULLIVAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 530 N LAKE SHORE DR # 2309  
City CHICAGO State IL Zip Code 60611-7435  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Regn CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1940.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2491457535271**  
Amount of Each Receipt this Period 291.00  
P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **1473.33**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PATRICIA A PURDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7417 LYNNHURST STREET

City CHEVY CHASE State MD Zip Code 20815-3101

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1911.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2541300635271**

Amount of Each Receipt this Period  
294.45

P/R Deduction (\$98.15 Bi-Weekly)

**B. JOELLE M TIERNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5710 TAYCHOPERA RD

City MADISON State WI Zip Code 53705-1020

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 744.36

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2541300735271**

Amount of Each Receipt this Period  
115.32

P/R Deduction (\$38.44 Bi-Weekly)

**C. JOHN VERSAGGI**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302-3501

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.20

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2541300835271**

Amount of Each Receipt this Period  
288.48

P/R Deduction (\$96.16 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 698.25

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. BRENDAN HOSTETLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2309 W WINNEMAC AVE  
 City CHICAGO State IL Zip Code 60625-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2542541935271**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. RICHARD E RAMSAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 543 E LURAY AVE  
 City ALEXANDRIA State VA Zip Code 22301-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2542542235271**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. IPYANA SPENCER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4226 40TH STREET NORTH  
 City ARLINGTON State VA Zip Code 22207-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2542542335271**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 330.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANNE YAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 9905 WOODLAND DRIVE

City SILVER SPRING State MD Zip Code 20902-4047

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2543582535271**

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$15.00 Bi-Weekly)

**B. CHANTA G COMBS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE State FL Zip Code 32311-3331

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4769.20**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2552313535271**

Amount of Each Receipt this Period **115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**C. JEANNE M PACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 458 MORENO ROAD

City WYNNEWOOD State PA Zip Code 19096-1124

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2552313735271**

Amount of Each Receipt this Period **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>277.38</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. JEFFREY D ALTER**

Mailing Address 3 WOODLAND ROAD

City PORT JEFFERSON State NY Zip Code 11777-1053

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3326.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2552960235271**

Amount of Each Receipt this Period  
711.51

P/R Deduction (\$278.83 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. KEVIN BROOKS**

Mailing Address 2750 FOUNTAIN LANE NORTH

City PLYMOUTH State MN Zip Code 55447-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Dir Mktg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2552961035271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MARK A BRUNELL**

Mailing Address 20 VERMILION CLIFFS

City ALISO VIEJO State CA Zip Code 92656-8096

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Dir Clint Svc Acct Mgt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2552961235271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 795.51

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEREMY VAUGHN BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11700 ARBORHILL DRIVE  
 City ZIONSVILLE State IN Zip Code 46077-9683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552961335271**  
 Amount of Each Receipt this Period 105.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. MICHAEL A EHLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10051 VALLEY RIDGE COURT  
 City LAS VEGAS State NV Zip Code 89148-7602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Plan of Nevada Occupation Dir Apps Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552962235271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SCOTT F FLANNERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8508 TRELADY CT  
 City PLANO State TX Zip Code 75024-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552962335271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 264.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WILLIAM W GWINN JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9302 CENTURY OAK COURT  
 City BRENTWOOD State TN Zip Code 37027-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Proj Rsch Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552962635271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. CLAIRE L HANNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25932 PORTAFINO DRIVE  
 City MISSION VIEJO State CA Zip Code 92691-5716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552962735271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. OREN J HERMEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7705 WALDEN BLVD  
 City WAUSAU State WI Zip Code 54401-9006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552962835271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. GREGORY J JAMES**

Mailing Address 2323 KINGS POINT DRIVE

City State Zip Code  
 LARGO FL 33774-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Optum Services, Inc Sr Med Dir

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1741.51

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2552963235271**

Amount of Each Receipt this Period  
 379.23

P/R Deduction (\$126.41 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. BRADLEY C JOHNSON**

Mailing Address 6705 SOUTHCREST DRIVE

City State Zip Code  
 EDINA MN 55435-1549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Bus Process

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2552963435271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. NARASIMHAN KIDAMBI**

Mailing Address 18477 85TH AVE N

City State Zip Code  
 MAPLE GROVE MN 55311-1663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Assc Dir Bus Anlys

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2552963835271**

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 481.23

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN H LOVELADY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6268 ORCHARD PARK  
 City FRISCO State TX Zip Code 75034-5126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552964235271**  
 Amount of Each Receipt this Period 288.45  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. JULIE K MACLEOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15314 JEFFERS PASS NW  
 City PRIOR LAKE State MN Zip Code 55372-3614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552964435271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MICHELLE MARTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 WILLIAMSBURG COURT  
 City ALBANY State NY Zip Code 12203-5502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552964735271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	372.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CARL A MATTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 539 ROUTE 9P

City SARATOGA SPRINGS State NY Zip Code 12866-7279

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552964835271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. REBECCA BALLARD MCCABE**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 CONNORS CIRCLE

City CARY State NC Zip Code 27511-6693

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552964935271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. MICHAEL D MORRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2624 N HARTLAND COURT

City CHICAGO State IL Zip Code 60614-4955

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.20

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552965035271**

Amount of Each Receipt this Period 61.86

P/R Deduction (\$20.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 145.86

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. LESLIE K PAULUS**

Mailing Address 305 E TUCKEY LN

City PHOENIX State AZ Zip Code 85012-1048

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2552965235271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. GARY W PEKA**

Mailing Address 8350 CRABAPPLE COURT

City VICTORIA State MN Zip Code 55386-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Six Sigma Cnslt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2552965335271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. DONALD W POTTER JR**

Mailing Address 116 FULLER LANE

City WINNETKA State IL Zip Code 60093-4213

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation NA VP Clnt Relationship

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2552965435271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KRISTINE G SAMSEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 91 WAVERLY RD  
 City HUNTINGTON State CT Zip Code 06484-5835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552965735271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. BARRY R STREIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5421 KELLOGG AVENUE  
 City EDINA State MN Zip Code 55424-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation RVP Medicr Field Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552966735271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. ANN R TINKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 HUNTER FLAT STREET  
 City LAS VEGAS State NV Zip Code 89138-1110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552966835271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 201.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. THOMAS C VANDERHEYDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 534 WAYZATA BLVD E  
 City WAYZATA State MN Zip Code 55391-1727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Prod  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552966935271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. AARON C WACKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4704 CAVAN ROAD  
 City MOUND State MN Zip Code 55364-1877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Apps Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2552967035271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SCOTT A NAASZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14327 BLUEBIRD TRAIL NE  
 City PRIOR LAKE State MN Zip Code 55372-1204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2553474735271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. MONICA L RAYBURN</b>		Date of Receipt
Mailing Address 688 WEST SYCAMORE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
VERNON HILLS	IL	60061-1084
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2553475135271</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="117.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Dir Clms	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="780.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ANDREW J SULLIVAN</b>		Date of Receipt
Mailing Address 1101 ROSEWOOD DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
ATLANTA	GA	30306-3554
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2553475335271</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
Optum Services, Inc	Bus Adv/Tech Cnslt Sr Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) <b>C. RICHARD D THOMAS</b>		Date of Receipt
Mailing Address 5121 DUPONT AVENUE SOUTH		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
MINNEAPOLIS	MN	55419-1151
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2553475435271</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="291.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1940.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. DENEEN VOJTA**

Mailing Address 5201 KELLOGG AVENUE

City State Zip Code  
 EDINA MN 55424-1304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Bus Initiv Clin Aff

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3860.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2553475535271**

Amount of Each Receipt this Period  
 579.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. DANIEL J ZERAF A**

Mailing Address 61234 ADMIRAL DRIVE

City State Zip Code  
 WASHINGTON TOWNSHIP MI 48094-1242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Optum Services, Inc VP Info Tech

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2553475735271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. COLLEEN C COHAN**

Mailing Address 17402 SAINT THERESA DRIVE

City State Zip Code  
 OLNEY MD 20832-2547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Assc Gen Counsel

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2554012735271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 663.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SHELLY A ESPINOSA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4060 WHITE OAK LANE  
 City EXCELSIOR State MN Zip Code 55331-7753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Found/Social Resp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2554012935271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. KARSTEN S FLAGSTAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13420 JAY ST NW  
 City ANDOVER State MN Zip Code 55304-4015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2554013035271**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. PATRICK J MEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20676 HAZELWOOD TRAIL  
 City LAKEVILLE State MN Zip Code 55044-4678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2554013135271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	384.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. THOMAS W MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 10733 TAVISTOCK DRIVE

City TAMPA State FL Zip Code 33626-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Sls Dir Care Mgmt & Del

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2554013235271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. GREGORY D REIDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5251 MCGAVOCK RD

City BRENTWOOD State TN Zip Code 37027-5197

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2554013335271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. ALICE C FERREIRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 BRITTANY AVENUE

City TRUMBULL State CT Zip Code 06611-1105

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Comm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.03

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2554208135271**

Amount of Each Receipt this Period 200.01

P/R Deduction (\$66.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 284.01

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ASIR U AHMAD**

Mailing Address 1935 HILLWOOD DRIVE

City BLOOMFIELD HILLS State MI Zip Code 48304-2420

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2560064035271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JOY L ALEXANDER**

Mailing Address 5116 NORTH TIOGA WAY

City LAS VEGAS State NV Zip Code 89149-5830

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Plan of Nevada Occupation Assc Dir Mktg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2560064135271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JIM L BENNETT**

Mailing Address 3724 PINE TIP ROAD

City TALLAHASSEE State FL Zip Code 32312-1016

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2560064235271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL J CLUTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7756 N 85TH STREET

City OMAHA State NE Zip Code 68122-1281

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR2560064435271

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

**B. PAULA A GAZELEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 MAYFAIR ROAD

City WYNANTSKILL State NY Zip Code 12198-8018

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP Regn Pharm Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR2560064835271

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. DONALD J GIANCURSIO**  
Full Name (Last, First, Middle Initial)

Mailing Address 72 MIDNIGHT RIDGE DR

City LAS VEGAS State NV Zip Code 89135-1680

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Plan of Nevada Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3860.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR2560064935271

Amount of Each Receipt this Period 579.00

P/R Deduction (\$193.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 912.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JERI L JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 512 W ORANGEWOOD AVE

City PHOENIX State AZ Zip Code 85021-7252

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1671.63**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2560065135271**

Amount of Each Receipt this Period **414.21**

P/R Deduction (\$138.07 Bi-Weekly)

**B. SHELDON LIPPMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1940.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2560065435271**

Amount of Each Receipt this Period **291.00**

P/R Deduction (\$97.00 Bi-Weekly)

**C. ANGELA LOBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 2837 EAST PARK PLACE

City MILWAUKEE State WI Zip Code 53211-3845

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SB VP SIs Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1746.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2560065535271**

Amount of Each Receipt this Period **97.00**

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **802.21**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEFFREY D LUCHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 FOUR SEASONS DRIVE

City ALTON State NH Zip Code 03809-4872

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2560065635271**

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

**B. KEVIN MICHAEL MARONEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5052 NORMAN DRIVE

City MINNETONKA State MN Zip Code 55345-4636

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2560065735271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. DONALD G MELNYK**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 MONROE STREET

City GARFIELD State NJ Zip Code 07026-1825

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Sr IT Architecture Cnslt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.17

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2560065935271**

Amount of Each Receipt this Period 64.41

P/R Deduction (\$21.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 397.41

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. DAVID MILICH</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 2702 BIRCHMERE COURT		<b>Transaction ID : PR2560066035271</b>
City KATY	State TX	Zip Code 77450-1303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM B O'BRYANT</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 22191 WESTCLIFF		<b>Transaction ID : PR2560066135271</b>
City MISSION VIEJO	State CA	Zip Code 92692-4310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Optum Services, Inc	Occupation Sr Med Dir	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. RICHARD A PERRIER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 3161 EMERALD VALLEY ROAD		<b>Transaction ID : PR2560066235271</b>
City ELLCOTT CITY	State MD	Zip Code 21042-1013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation KA VP Acct Mgmt	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DONALD G ROWE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 LANTERN LANE

City MAYNARD	State MA	Zip Code 01754-2171
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation KA Dir of AM producing
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2560066535271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. DENISE VAIL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 CLEVELAND AVENUE

City SAYVILLE	State NY	Zip Code 11782-1322
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Clnt Svc Acct Mgt
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2560066835271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. DEBRA C COLLINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3862 CARRIAGE HILL DRIVE

City FREDERICK	State MD	Zip Code 21704-7313
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Prgms
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2560398035271**

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. KRISTA J DICKMAN</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 2533 ONYX DRIVE			<b>Transaction ID : PR2560398135271</b>
City SHAKOPEE	State MN	Zip Code 55379-2770	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation Sr Proj Mgr III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. GEORGE N KOREAN</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 6 VERANO			<b>Transaction ID : PR2560398535271</b>
City FOOTHILL RANCH	State CA	Zip Code 92610-1827	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation Dir Act Svs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY J NOEL</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 4408 THOMAS AVE SOUTH			<b>Transaction ID : PR2560398835271</b>
City MINNEAPOLIS	State MN	Zip Code 55410-1968	Amount of Each Receipt this Period 310.83
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation SVP Prd		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1878.37		P/R Deduction (\$103.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	394.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ROBERT W WULF**

Mailing Address 622 N 11TH ST

City WAUSAU State WI Zip Code 54403-5004

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR2560398935271**

Amount of Each Receipt this Period  
**42.12**

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JAMES CRONIN**

Mailing Address 20700 DELTA DRIVE

City GAITHERSBURG State MD Zip Code 20882-1121

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1669.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR2560821135271**

Amount of Each Receipt this Period  
**415.38**

P/R Deduction (\$138.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. PATRICK J O'BRIEN**

Mailing Address 33 BARRINGTON DRIVE

City BEDFORD State NH Zip Code 03110-5601

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR2560821435271**

Amount of Each Receipt this Period  
**42.00**

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>499.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. MARIE A PERO</b>		Date of Receipt
Mailing Address 516 APPLE LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City HARLEYSVILLE	State PA	Zip Code 19438-2549
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : PR2560821535271</b>
Name of Employer: United HealthCare Services Inc		Amount of Each Receipt this Period
Occupation: Dir Prod		<input type="text" value="42.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JOY M STEPHENS</b>		Date of Receipt
Mailing Address 7320 YORK AVE N		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City BROOKLYN PARK	State MN	Zip Code 55443-3544
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : PR2560821635271</b>
Name of Employer: United HealthCare Services Inc		Amount of Each Receipt this Period
Occupation: Assc Dir Bus Anlys		<input type="text" value="42.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) <b>C. BRIAN W LUND</b>		Date of Receipt
Mailing Address 464 EAST NORTH AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City GRANTSBURG	State WI	Zip Code 54840-7423
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : PR2561457635271</b>
Name of Employer: United HealthCare Services Inc		Amount of Each Receipt this Period
Occupation: Dir Tax		<input type="text" value="117.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
	<input type="text" value="780.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="201.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KEITH A VOLLBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 NANDINA DR  
 City WESTON State FL Zip Code 33327-2481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2563207735271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. LARRY W CAVANAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 NE 20TH ST # 1010  
 City WILTON MANORS State FL Zip Code 33305-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Spc Ben Govt Dntl Sls Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2563211035271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. JACQULYN M BARTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1587 112 TH COURT WEST  
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2563211235271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 201.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. JENNIFER F WALSH**

Mailing Address 1101 ROBERTA COURT

City MCLEAN	State VA	Zip Code 22101-2114
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Affs
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1940.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2564296835271**

Amount of Each Receipt this Period  
291.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ANDREW C MACKENZIE**

Mailing Address 1912 IRVING AVE S

City MINNEAPOLIS	State MN	Zip Code 55403-2823
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CMO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2564297135271**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. STEPHEN E SWANSON**

Mailing Address 3001 HUNTINGTON COURT

City KATY	State TX	Zip Code 77493-1159
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation KA VP Acct Mgmt
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2564297335271**

Amount of Each Receipt this Period  
117.00

P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	708.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 104 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. HARVEY J BALTHASER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3103 FLEECE FLOWER COVE  
 City State Zip Code  
 AUSTIN TX 78735-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Med Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2564297535271**  
 Amount of Each Receipt this Period  
 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. STEVEN C WALLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18615 CHARLEVOIX LANE  
 City State Zip Code  
 CHESTERFIELD MO 63005-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2564297635271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. ELLEN L DAMATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 DALHART DRIVE  
 City State Zip Code  
 ALLEN TX 75013-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Ntwk Contrctng  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2564802235271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOSH A WILLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 ADAMS CT

City COLLEYVILLE State TX Zip Code 76034-6811

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR2564802535271

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. CHRISTOPHER CHARLES CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 12801 OVERLOOK ROAD

City DAYTON State MN Zip Code 55327-9678

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR2564802635271

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C. PAUL DANIEL HANSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 18430 62ND PLACE NORTH

City MAPLE GROVE State MN Zip Code 55311-4585

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Controller Mkt Grp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2014  
Transaction ID : PR2564802735271

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	393.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MARYELLEN GOODWIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1678 BRIDGEWATER DRIVE  
 City LAKE MARY State FL Zip Code 32746-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2564802935271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. KATHERINE L KENNY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22408 FITZGERALD DRIVE  
 City LAYTONSVILLE State MD Zip Code 20882-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2564803235271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. PAUL O MARDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 718 HICKORY HILL RD  
 City FRANKLIN LAKES State NJ Zip Code 07417-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2564803335271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 276.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DARREN C MOQUIST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1200 NICOLLET MALL #507

City MINNEAPOLIS	State MN	Zip Code 55403-2408
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CFO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2564803435271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. MARK BELLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5601 VAN WINKLE LN

City AUSTIN	State TX	Zip Code 78739-1694
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SB VP Sls Acct Mgmt
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2564803535271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. LISA R WRIGHT**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1941

City STAFFORD	State TX	Zip Code 77497-1941
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Gen Mgmt
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2564803735271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. TAMMY A O'HARE**

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code  
BROOKEVILLE MD 20833-3265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc SB VP Sls

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR2564803935271**

Amount of Each Receipt this Period  
**117.00**

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. DEBRA J BERNS**

Mailing Address 3209 GALLERIA UNIT 1705

City State Zip Code  
EDINA MN 55435-2556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Chief Complnc/Ethics Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1940.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR2564804035271**

Amount of Each Receipt this Period  
**291.00**

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. BARRY HOFER**

Mailing Address 10464 SHELTER GROVE

City State Zip Code  
EDEN PRAIRIE MN 55347-4855

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc VP Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : PR2564804135271**

Amount of Each Receipt this Period  
**42.00**

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **450.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 109 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. KATHRYN S RUBIN</b>		Date of Receipt
Mailing Address 310 SYCAMORE LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
PLYMOUTH	MN	55441-5615
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	VP Social Resp/Pres Found	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2040.00"/>	
		Transaction ID : <b>PR2564804335271</b>
		Amount of Each Receipt this Period
		<input type="text" value="351.00"/>
		P/R Deduction (\$117.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. JARROD FORBES</b>		Date of Receipt
Mailing Address 2121 PARK FOREST DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
CHESTERFIELD	MO	63017-5029
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Govt Affs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	
		Transaction ID : <b>PR2564804535271</b>
		Amount of Each Receipt this Period
		<input type="text" value="120.00"/>
		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY A WICKS</b>		Date of Receipt
Mailing Address PO BOX 44518		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
EDEN PRAIRIE	MN	55344-1518
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Optum Services, Inc	SVP Ops	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2430.74"/>	
		Transaction ID : <b>PR2565448635271</b>
		Amount of Each Receipt this Period
		<input type="text" value="1776.92"/>
		P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2247.92"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DONNA M CRAIG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10761 INDEPENDENCE WAY  
 City CARMEL State IN Zip Code 46032-9333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2565448835271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. THOMAS C KUNST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4872 103RD STREET  
 City PLEASANT PRAIRIE State WI Zip Code 53158-6516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2566302135271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. NEIL A MANSUKHANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4215 LAUREL RIDGE CIRCLE  
 City WESTON State FL Zip Code 33331-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir PEO Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2567129435271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DENISE V ZAMORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 NOLAN CIRCLE  
 City MANCHESTER State CT Zip Code 06042-1777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2567129535271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. WENDY D ARNONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address SKY SONG  
 1301 NO SCOTTSDALE ROAD  
 City SCOTTSDALE State AZ Zip Code 85257-3493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1720.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2568900535271**  
 Amount of Each Receipt this Period 390.00  
 P/R Deduction (\$130.00 Bi-Weekly)

**C. MATTHEW H STEARNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5105 CAPE COD COURT  
 City BETHESDA State MD Zip Code 20816-2907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2571777935271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	549.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHRISTOPHER A PARRILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9501 WEXCROFT DRIVE  
 City BRENTWOOD State TN Zip Code 37027-3824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 703.96

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2571778235271**  
 Amount of Each Receipt this Period 147.99  
 P/R Deduction (\$49.33 Bi-Weekly)

**B. BRUCE E MOYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18426 MAGENTA BAY  
 City EDEN PRAIRIE State MN Zip Code 55347-1051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2571778335271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. MARCUS A ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 590 SPENDER TRACE  
 City DUNWOODY State GA Zip Code 30350-5018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SB Dir Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2572588935271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 306.99  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SHAUN R JACQUET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4332 FOREST RIDGE DRIVE  
 City SUAMICO State WI Zip Code 54313-8557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2572589335271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. JEFFREY P DEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W5912 DEAN ROAD  
 City TOMAHAWK State WI Zip Code 54487-8314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2572589435271**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. THOMAS E SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1502 EAST AVENUE NORTH  
 City ONALASKA State WI Zip Code 54650-7003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2572589535271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	204.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOSEPH A GRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19480 ELBERT POINT  
 City EXCELSIOR State MN Zip Code 55331-6901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2572589835271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. KEVIN JAMES CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4909 WEST SUNNYSLOPE ROAD  
 City EDINA State MN Zip Code 55424-1170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2572590035271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. CHARLES WACKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2747 WEST VIEW DRIVE  
 City NEW PRAGUE State MN Zip Code 56071-8989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Strat Clnt Rel Ex Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2572590135271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 201.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. CHRISTINE OBRIEN</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR2572590635271</b>
Mailing Address 764 TOPAZ STREET		Amount of Each Receipt this Period 42.00
City NEW ORLEANS	State LA	Zip Code 70124-3624
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SB KA Dir Sls AM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES R HARGIS</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR2572590735271</b>
Mailing Address 1820 ROSEDALE		Amount of Each Receipt this Period 45.00
City EDMOND	State OK	Zip Code 73013-6638
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation Mgr Pharm Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. THERESA M CLARKE</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR2572591135271</b>
Mailing Address 16652 1/2 GRAND AVE		Amount of Each Receipt this Period 117.00
City BELLFLOWER	State CA	Zip Code 90706-5038
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation Assc Dir Clin Qlty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	204.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KIMBERLEY S MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 CELONOVA PLACE  
 City State Zip Code  
 Foothill Ranch CA 92610-1942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Underwriting  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2572591235271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. WEI SUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7049 FIRENZA PL  
 City State Zip Code  
 DUBLIN OH 43016-6199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Act Svs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2572591335271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. THOMAS P WIFFLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1421 SOMERFIELD DRIVE  
 City State Zip Code  
 BOLINGBROOK IL 60490-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Bus Segment COO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1940.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2572992735271**  
 Amount of Each Receipt this Period  
 291.00  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LESLIE C HARE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9029 SHEEP RANCH CT  
City LAS VEGAS State NV Zip Code 89143-5432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Plan of Nevada Occupation Dir Clms  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2574979435271**  
Amount of Each Receipt this Period 42.00  
P/R Deduction (\$14.00 Bi-Weekly)

**B. HEATHER R CIANFROCCO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2799 WEST BARDONNER ROAD  
City GIBSONIA State PA Zip Code 15044-8462  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Regn Pres  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1666.56

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2574986235271**  
Amount of Each Receipt this Period 416.64  
P/R Deduction (\$138.88 Bi-Weekly)

**C. JAMIE BURNETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4625 EWING AVENUE SOUTH  
City MINNEAPOLIS State MN Zip Code 55410-1745  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation VP IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2574988235271**  
Amount of Each Receipt this Period 117.00  
P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.64  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 118 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LORI A VAN HOLMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4117 BRYANT AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55409-1423

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Dir Human Capital Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1940.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2575030935271**

Amount of Each Receipt this Period  
291.00

P/R Deduction (\$97.00 Bi-Weekly)

**B. JENNIFER M O'BRIEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4371 BENT TREE LANE

City	State	Zip Code
EAGAN	MN	55123-3054

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Chief Compli Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3293.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2575034535271**

Amount of Each Receipt this Period  
872.58

P/R Deduction (\$290.86 Bi-Weekly)

**C. JEFFREY L MADDOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 MARY WIL CT

City	State	Zip Code
GREENSBORO	NC	27455-2262

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	SB KA VP SIs Acct Mgt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2575039535271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1205.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 119 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JULENE D DONNAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17763 OAKLAND DRIVE NE  
 City HAM LAKE State MN Zip Code 55304-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Sourcing Prcrmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575046235271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. HOWARD C MARGOLIES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ONE PAGE DRIVE  
 City RED BANK State NJ Zip Code 07701-5640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575050335271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. VIVIAN M LINDSAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14930 SW 39 ST  
 City DAVIE State FL Zip Code 33331-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1607.13

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575054935271**  
 Amount of Each Receipt this Period 535.71  
 P/R Deduction (\$178.57 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 619.83  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 120 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CARY J MCCARTY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8800 RUMFIELD RD  
City NORTH RICHLAND HILLS State TX Zip Code 76182-6131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575059435271**  
Amount of Each Receipt this Period 117.00  
P/R Deduction (\$39.00 Bi-Weekly)

**B. MARK T ALLEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11359 ENTREVAUX DRIVE  
City EDEN PRAIRIE State MN Zip Code 55347-2862  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575060235271**  
Amount of Each Receipt this Period 42.00  
P/R Deduction (\$14.00 Bi-Weekly)

**C. SANDRA B NICHOLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12706 YOUNG LANE  
City NORTH POTOMAC State MD Zip Code 20878-6112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Shared Svs Regn CMO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575074535271**  
Amount of Each Receipt this Period 288.45  
P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	447.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DEBRA K BURNAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 VORTEX AVE  
 City HENDERSON State NV Zip Code 89002-6514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Medical Assoc. Inc. Occupation Dir Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.45

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575076235271**  
 Amount of Each Receipt this Period 45.81  
 P/R Deduction (\$15.27 Bi-Weekly)

**B. VINCENT PETER VALLARIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 240 LEXINGTON ROAD  
 City GLASTONBURY State CT Zip Code 06033-4342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 598.21

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575096635271**  
 Amount of Each Receipt this Period 379.46  
 P/R Deduction (\$316.96 Bi-Weekly)

**C. GLEN J GOLEMI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1214 MAGNOLIA ALY  
 City MANDEVILLE State LA Zip Code 70471-3068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575098835271**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.65
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHARLES JACOBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3315 IRVING AVE

City State Zip Code  
MINNEAPOLIS MN 55408-3321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc Dir IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2575099235271**

Amount of Each Receipt this Period  
**48.00**

P/R Deduction (\$16.00 Bi-Weekly)

**B. PHEBE M CHAMPION**  
Full Name (Last, First, Middle Initial)

Mailing Address 5124 WEDMORE CT

City State Zip Code  
NORTH LAS VEGAS NV 89031-0364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Plan of Nevada Dir Cust Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2575108335271**

Amount of Each Receipt this Period  
**75.00**

P/R Deduction (\$25.00 Bi-Weekly)

**C. SCOTT THOMAS LYDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 PLOWBOY PATH

City State Zip Code  
COMMACK NY 11725-1410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc KA VP Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2575122235271**

Amount of Each Receipt this Period  
**42.00**

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **165.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ZOE C HUNT**

Mailing Address 4030 SERANGO COURT

City WEST LINN State OR Zip Code 97068-2840

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR2575136235271**

Amount of Each Receipt this Period  
**42.00**

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JEAN MCGANN**

Mailing Address 4 VILLAGE ROAD

City FLORHAM PARK State NJ Zip Code 07932-2415

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SB KA Dir Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR2575146935271**

Amount of Each Receipt this Period  
**42.12**

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. KELLY L BEECHER**

Mailing Address 7640 CURIOSITY AVE

City LAS VEGAS State NV Zip Code 89131-4792

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Dir Acctng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : PR2575161135271**

Amount of Each Receipt this Period  
**42.12**

P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>126.24</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. RON JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 10066 ESCAMBIAS BAY CT

City State Zip Code  
NAPLES FL 34120-4621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc Pres Prov Sols

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2575163535271

Amount of Each Receipt this Period  
375.00

P/R Deduction (\$125.00 Bi-Weekly)

**B. SCOTT G CASSANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 7607 MAPLE MEADOW STREET

City State Zip Code  
LAS VEGAS NV 89131-4665

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Plan of Nevada Dir Prov Svc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2575164435271

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C. ROBERT C COSTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3109 SHADY SPRINGS DRIVE

City State Zip Code  
LOUISVILLE KY 40299-4575

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc PS Sr SIs Exe

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2575180735271

Amount of Each Receipt this Period  
57.69

P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	732.69
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MICHAEL W WIELAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6741 EAST SHADOW LAKE DRIVE  
 City State Zip Code  
 CIRCLE PINES MN 55014-1348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Dir IT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575181635271**  
 Amount of Each Receipt this Period  
 54.75  
 P/R Deduction (\$18.25 Bi-Weekly)

**B. KRISTIN MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9465 DARTRIDGE DRIVE  
 City State Zip Code  
 DALLAS TX 75238-1873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc KA Dir Acct Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575194435271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MICHAEL PATRICK STAMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6721 MOSSY GLEN DR  
 City State Zip Code  
 FORT MYERS FL 33908-4771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP Ops  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575194635271**  
 Amount of Each Receipt this Period  
 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PETER J MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7091 HIGHOVER DRIVE

City CHANHASSEN State MN Zip Code 55317-7572

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Dir Bus Process

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2575213635271**

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$15.00 Bi-Weekly)

**B. ANDREW C SEKEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 6010 LONESOME VALLEY TRAIL

City AUSTIN State TX Zip Code 78731-3749

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation CEO Spclty Ntwk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2575223735271**

Amount of Each Receipt this Period **375.00**

P/R Deduction (\$125.00 Bi-Weekly)

**C. HOWARD CHARLES GILPIN JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1210 SHEPARD DRIVE

City BLUE BELL State PA Zip Code 19422-3481

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Dir Act Cnslt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2575224935271**

Amount of Each Receipt this Period **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **537.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SUSAN A KIRKPATRICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 STERLING STREET  
 City LANCASTER State MA Zip Code 01523-1847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575233635271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. THOMAS G RUSSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10205 GROOMSBRIDGE ROAD  
 City JOHNS CREEK State GA Zip Code 30022-5645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Empl Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575238635271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. THOMAS C CHOATE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 SOUTHPOND RD  
 City GLASTONBURY State CT Zip Code 06033-1712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575247835271**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 199.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ROBERT A BROOMFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12501 WEST 156TH STREET  
 City OVERLAND PARK State KS Zip Code 66221-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation UHC SIs RVP KA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575260435271**  
 Amount of Each Receipt this Period 83.34  
 P/R Deduction (\$27.78 Bi-Weekly)

**B. TERRY R JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11856 NW 12TH MANOR  
 City CORAL SPRINGS State FL Zip Code 33071-5035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575279235271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SAMANTHA ANN MARCARIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2117 CAMP INDIANHEAD ROAD  
 City LAND O LAKES State FL Zip Code 34639-5268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575287835271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	167.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SCOTT F DICKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 OAKWOOD AV

City FULLERTON State CA Zip Code 92835-2719

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2575293235271**

Amount of Each Receipt this Period  
**115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**B. TOM BEAUREGARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 161 SPRING VALLEY ROAD

City RIDGEFIELD State CT Zip Code 06877-1219

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Pres United Essentials

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3770.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2575295135271**

Amount of Each Receipt this Period  
**614.55**

P/R Deduction (\$204.85 Bi-Weekly)

**C. JOHN MONAGHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 EDGEWOOD AVE

City WESTFIELD State NJ Zip Code 07090-4353

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2575296835271**

Amount of Each Receipt this Period  
**42.12**

P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>772.05</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CLARE B GROCHOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 ALAPOCAS DRIVE  
 City State Zip Code  
 WILMINGTON DE 19803-4504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Assc Dir Comm  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575300135271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. MARY R MCELRATH-JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 AMHERST DRIVE  
 City State Zip Code  
 NEW ROCHELLE NY 10804-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Comm  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575302135271**  
 Amount of Each Receipt this Period  
 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. BRADLEY S TINNERMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 845 HICKORY SHOALS RD  
 City State Zip Code  
 MARIETTA GA 30064-1182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum360 Services Inc Dir Gen Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575311035271**  
 Amount of Each Receipt this Period  
 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAN T GRIMM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3608 WEST 85TH STREET

City LEAWOOD State KS Zip Code 66206-1353

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Mkt Sls SVP Optuml

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.80

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2575314835271

Amount of Each Receipt this Period 42.12

P/R Deduction (\$14.04 Bi-Weekly)

**B. JEFFREY A GOLDBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 3410 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815-3262

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Strat Clnt Rel Ex Optuml

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2575326935271

Amount of Each Receipt this Period 117.00

P/R Deduction (\$39.00 Bi-Weekly)

**C. MICHAEL SIMONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 SCALIA COURT

City HAMILTON State NJ Zip Code 08690-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.63

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2575346735271

Amount of Each Receipt this Period 78.21

P/R Deduction (\$26.07 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 237.33

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PATRICK R IMDIEKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15900 WHITE PINE DRIVE  
 City WAYZATA State MN Zip Code 55391-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.75

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575347935271**  
 Amount of Each Receipt this Period 58.65  
 P/R Deduction (\$19.55 Bi-Weekly)

**B. MICHAEL J TELESKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2602 PENNINGTON PLACE  
 City VALPARAISO State IN Zip Code 46383-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575350935271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. SALLY A BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 192 HOMEWOOD DRIVE  
 City CLINTON State NY Zip Code 13323-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Service Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575363635271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 217.77  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN L WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6980 E SAHAURO DRIVE  
APT #3065

City SCOTTSDALE State AZ Zip Code 85254-6149

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.80

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2575372435271

Amount of Each Receipt this Period  
42.12

P/R Deduction (\$14.04 Bi-Weekly)

**B. STEVE MORGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 W 71ST TERRACE

City KANSAS CITY State MO Zip Code 64114-1238

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.80

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2575374835271

Amount of Each Receipt this Period  
42.12

P/R Deduction (\$14.04 Bi-Weekly)

**C. YASMINE WINKLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1429 WEST WIGWAM TRAIL

City MOUNT PROSPECT State IL Zip Code 60056-2940

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief Prod Mktg Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : PR2575390935271

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	334.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. GREGORIO CORTEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 GASPAS BEND  
 City CEDAR PARK State TX Zip Code 78613-4556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575394335271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. LINDA LOUISE POST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6520 JAYCOX ROAD  
 City GALENA State OH Zip Code 43021-9530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575395235271**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. CHAD M WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26850 MOUNT HILL ROAD  
 City WELCH State MN Zip Code 55089-4472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575414935271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 135 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. CAROL GOTHARD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR2575419135271</b>
Mailing Address 16492 BROOKLANE BOULEVARD		Amount of Each Receipt this Period 115.38
City NORTHVILLE	State MI	Zip Code 48168-8417
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Fin
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. JERI L LOSE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR2575419835271</b>
Mailing Address 9995 DELL ROAD		Amount of Each Receipt this Period 300.00
City EDEN PRAIRIE	State MN	Zip Code 55347-3524
FEC ID number of contributing federal political committee. C	Name of Employer Optum Services, Inc	Occupation VP Info Tech
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. KARIN R O'HARA</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR2575428735271</b>
Mailing Address 1710 MAYAPPLE PASS		Amount of Each Receipt this Period 115.38
City CHANHASSEN	State MN	Zip Code 55317-5000
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Acctng
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.74	P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	530.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PAMELA JEAN STEGORA AXBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1427 BROOKSHIRE COURT  
 City NEW BRIGHTON State MN Zip Code 55112-6390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **368.85**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2575443835271**  
 Amount of Each Receipt this Period **303.40**  
 P/R Deduction (\$3.85 Bi-Weekly)

**B. JEFFERSON B WALTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8308 CEDAR HILL ROAD  
 City WAYNESVILLE State OH Zip Code 45068-8969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2575445835271**  
 Amount of Each Receipt this Period **42.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. TIMOTHY M SPILKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9801 MOHAWK LANE  
 City LEAWOOD State KS Zip Code 66206-2432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Plan Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2575446335271**  
 Amount of Each Receipt this Period **300.00**  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **645.40**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MILLA HAUTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 SYCAMORE CIRCLE  
 City PLYMOUTH State MN Zip Code 55441-5667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Info Tech  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.80**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2575447135271**  
 Amount of Each Receipt this Period **42.12**  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. ROBERT E BOOKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16632 HANSON BLVD NW  
 City ANDOVER State MN Zip Code 55304-2089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.80**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2575447235271**  
 Amount of Each Receipt this Period **42.12**  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. LOUIS FLOCCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7353 EAST SKYLINE DRIVE  
 City ORANGE State CA Zip Code 92867-6451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Underwriting  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2575448635271**  
 Amount of Each Receipt this Period **42.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>126.24</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. THOMAS C BARTHEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9713 HEMLOCK LANE NORTH  
 City MAPLE GROVE State MN Zip Code 55369-3665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575484335271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. CLINTON V WOLF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2647 N SOUTHPORT  
 City CHICAGO State IL Zip Code 60614-1227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575490935271**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. DANIEL P MACLAUHLAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 780 CENTRAL AVENUE  
 City GLENSIDE State PA Zip Code 19038-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Mgr Prod  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575492735271**  
 Amount of Each Receipt this Period 60.84  
 P/R Deduction (\$20.28 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MICHELE RAMIREZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 CALAIS ROAD

City RANDOLPH	State NJ	Zip Code 07869-3531
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575502435271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. DEBORAH A SUNDAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5109 WEST 66TH ST

City EDINA	State MN	Zip Code 55439-1429
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Proj Mgmt
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575502935271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. MOLLY E JOSEPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2711 CRESCENT RIDGE ROAD

City MINNETONKA	State MN	Zip Code 55305-2809
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Ops
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575521735271**

Amount of Each Receipt this Period  
 576.00

P/R Deduction (\$192.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	660.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PAUL B HEBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR State CT Zip Code 06074-2957

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Fin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2575522335271**

Amount of Each Receipt this Period  
 375.00

P/R Deduction (\$125.00 Bi-Weekly)

**B. ERIC J KAPLAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 193 PARTRIDGE LANDING

City GLASTONBURY State CT Zip Code 06033-2849

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation NA VP Clnt Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2575524035271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. WILLIAM GARRISON JETER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9557 WOODRIDGE CIRCLE

City EDEN PRAIRIE State MN Zip Code 55347-2744

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR2575528135271**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	459.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 141 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ROBERT ALDEN HUNTER**

Mailing Address 9236 PRESTON PLACE

City State Zip Code  
EDEN PRAIRIE MN 55347-3396

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Mgr M A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.17

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2575528335271**

Amount of Each Receipt this Period  
64.41

P/R Deduction (\$21.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. THOMAS A HAMLIN**

Mailing Address 2800 NEWMAN

City State Zip Code  
HOUSTON TX 77098-1408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc Behvrl Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2575536235271**

Amount of Each Receipt this Period  
115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. AMY LYNN BALCK**

Mailing Address N3681 VINE RD

City State Zip Code  
FREEDOM WI 54913-6928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc KA Mgr Mkt Svc Acct Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2575548435271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	221.79
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JULIE T SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 271 NW 42ND AVE  
 City COCONUT CREEK State FL Zip Code 33066-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575578035271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. CURTIS A MOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 KELTON STREET  
 City REHOBOTH State MA Zip Code 02769-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1733.28

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575579235271**  
 Amount of Each Receipt this Period 433.32  
 P/R Deduction (\$144.44 Bi-Weekly)

**C. ELIZABETH C WINSOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 WILDERS PASS  
 City CANTON State CT Zip Code 06019-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation CEO NA Acct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575582835271**  
 Amount of Each Receipt this Period 288.45  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	763.77
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. RICHARD W REEVES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1612 CARNOUSTIE DRIVE  
 City PASADENA State MD Zip Code 21122-6674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575583835271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MICHAEL PETEROY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 PHILLIPS STREET  
 City VISTA State CA Zip Code 92083-7171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575585635271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. KATHLEEN DWYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4852 EXCALIBUR DRIVE  
 City SYRACUSE State NY Zip Code 13215-9317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 454.50

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575590635271**  
 Amount of Each Receipt this Period 272.70  
 P/R Deduction (\$90.90 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 431.82  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. DEBORAH A JORGE**  
 Mailing Address 140 OLD BAY RD  
 City State Zip Code  
 BELCHERTOWN MA 01007-9348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Mktg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575593635271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. LISA M IVERSON**  
 Mailing Address 13341 CARRACH AVENUE  
 City State Zip Code  
 ROSEMOUNT MN 55068-4774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Chief of Staff  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 538.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575603235271**  
 Amount of Each Receipt this Period  
 230.76  
 P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. DAVID J STAPLES**  
 Mailing Address 900 SOUTHERLY RD  
 APT 402  
 City State Zip Code  
 TOWSON MD 21204-2943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Gen Mgmt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575633935271**  
 Amount of Each Receipt this Period  
 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 314.88  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 145 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. BRIAN R THOMPSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17829 63RD AVE N  
City MAPLE GROVE State MN Zip Code 55311-4650  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **769.20**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2575634635271**  
Amount of Each Receipt this Period **115.38**  
P/R Deduction (\$38.46 Bi-Weekly)

**B. JAN LOUISE HENRY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4035 SHADOWHILL DRIVE  
City SANTA ROSA State CA Zip Code 95404-2730  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation Hlth Svs Dir RN/NP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **280.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2575636835271**  
Amount of Each Receipt this Period **42.00**  
P/R Deduction (\$14.00 Bi-Weekly)

**C. TERRENCE M CLARK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 COOPER AVENUE  
City EDINA State MN Zip Code 55436-1315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1940.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2575636935271**  
Amount of Each Receipt this Period **291.00**  
P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **448.38**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 146 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. NEIL P COLLINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 8465 MISSION HILLS LANE

City CHANHASSEN State MN Zip Code 55317-7712

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575637635271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. BENTON V DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 9825 NORTH 53RD PLACE

City PARADISE VALLEY State AZ Zip Code 85253-1634

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP GM Clin Comnty Ntwk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575639235271**

Amount of Each Receipt this Period 288.45

P/R Deduction (\$96.15 Bi-Weekly)

**C. NANCY J SUBLETTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 CLARA #24

City SAINT LOUIS State MO Zip Code 63112-4507

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575646935271**

Amount of Each Receipt this Period 150.00

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. CRAIG S HERMAN**

Mailing Address 9609 WYOMING CIRCLE

City State Zip Code  
 BLOOMINGTON MN 55438-1628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Optum Services, Inc VP Gen Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2575650235271**

Amount of Each Receipt this Period  
 187.50

P/R Deduction (\$62.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. MARK VAN ERT**

Mailing Address 221 OAKWOOD RD

City State Zip Code  
 HOPKINS MN 55343-8532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Optum Services, Inc Dir Gen Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.80

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2575650535271**

Amount of Each Receipt this Period  
 42.12

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. RONALD MICHAEL GONG**

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City State Zip Code  
 HACIENDA HEIGHTS CA 91745-5739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc M R SIs Dir

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2575651535271**

Amount of Each Receipt this Period  
 117.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.62

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 OF 214 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JENNY A HAYHURST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23A MOUNT HYGEIA ROAD  
City FOSTER State RI Zip Code 02825-1434  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575651835271**  
Amount of Each Receipt this Period 42.00  
P/R Deduction (\$14.00 Bi-Weekly)

**B. ELENA J MCFANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18925 24TH AVENUE NORTH  
City PLYMOUTH State MN Zip Code 55447-2072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Regn Pres  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575654735271**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C. KATHRYN L PIZZANO**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 31  
44 SAYER RD  
City BLOOMING GROVE State NY Zip Code 10914-0031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 218.97

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575662135271**  
Amount of Each Receipt this Period 72.99  
P/R Deduction (\$24.33 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	414.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. CARL E ALLEN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 8675 AZURE SKY DRIVE		<b>Transaction ID : PR2575669335271</b>
City LAS VEGAS	State NV	Zip Code 89129-2227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer Southwest Medical Assoc. Inc.	Occupation Phys Dir	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. PATRICK MOESCHLER</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 10940 E TIERRA DR		<b>Transaction ID : PR2575676135271</b>
City SCOTTSDALE	State AZ	Zip Code 85259-5730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer United HealthCare Services Inc	Occupation KA VP Acct Mgmt	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>C. BRADY PRIEST</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 4401 COUNTRY CLUB RD		<b>Transaction ID : PR2575677235271</b>
City EDINA	State MN	Zip Code 55424-1148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 288.45
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	522.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MICHELLE M SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3305 TOWN TRAIL  
 City BROOKFIELD State WI Zip Code 53045-2640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575683735271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. CHRISTOPHER J STIDMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6504 CHEROKEE TRAIL  
 City EDINA State MN Zip Code 55439-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1914.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575683835271**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. JENNIFER COHEN-SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 ORCUTT  
 City GUILFORD State CT Zip Code 06437-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575693935271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	384.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. STEPHEN J FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 MAJOR DOANE RD  
 City WELLFLEET State MA Zip Code 02667-7836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575696235271**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ELIZABETH SOBERG PROKOCKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9746 SUNSET HILL DR  
 City LONE TREE State CO Zip Code 80124-6720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1562.50

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575705835271**  
 Amount of Each Receipt this Period 468.75  
 P/R Deduction (\$156.25 Bi-Weekly)

**C. D ELLEN WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 STUART STREET 25D  
 City BOSTON State MA Zip Code 02116-5011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation EVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575708835271**  
 Amount of Each Receipt this Period 291.00  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.13
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MARK J BERNAUER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5512 LOWELL AVE

City INDIANAPOLIS State IN Zip Code 46219-5810

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Sr Hlth Economics Rscher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575718135271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. MOLLY LOUISE KNORR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1144 PROSPECT AVENUE

City HARTFORD State CT Zip Code 06105-1124

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Risk Adjustment

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575735435271**

Amount of Each Receipt this Period 115.38

P/R Deduction (\$38.46 Bi-Weekly)

**C. JEFFREY GROSKLAGS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3233 TIMBERWOLF CIRCLE

City PRIOR LAKE State MN Zip Code 55372-3272

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575735735271**

Amount of Each Receipt this Period 42.12

P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	199.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. TRAVIS WINKEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2103 SUGARWOOD DRIVE

City State Zip Code  
LONG LAKE MN 55356-9388

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc VP Acq Integrations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2575735835271**

Amount of Each Receipt this Period  
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

**B. JULIE M STRICKLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 3207 SUNNYWOOD DRIVE

City State Zip Code  
FULLERTON CA 92835-1858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Advrtsng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2575740935271**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. THOMAS G PORTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 2119 SHERIDAN HILLS RD

City State Zip Code  
WAYZATA MN 55391-2327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Fin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.80

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2575744535271**

Amount of Each Receipt this Period  
42.12

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2584.12

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 154 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. CARLOS E ADAME</b>			Date of Receipt
Mailing Address 42584 WHISTLE COURT			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR2575755435271</b>
TEMECULA	CA	92592-7105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="117.00"/>
Name of Employer	Occupation		P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Human Capital Partner Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="780.00"/>		

Full Name (Last, First, Middle Initial) <b>B. HERBERT R DOMER</b>			Date of Receipt
Mailing Address 2715 IONE COURT			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR2575756035271</b>
COLUMBUS	OH	43235-2810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation		P/R Deduction (\$14.00 Bi-Weekly)
Optum Services, Inc	Dir IT DT Analytics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="280.00"/>		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH MILES</b>			Date of Receipt
Mailing Address 930 CORNWALLIS			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR2575770935271</b>
MUNSTER	IN	46321-2877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation		P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Mktg Cnslt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="280.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="201.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MATTHEW D MONTOYA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12370 BRADFORD DR  
 City PARKER State CO Zip Code 80134-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Mgr Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575777635271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. SUSAN V MADDUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16426 FARMERS MILL LANE  
 City CHESTERFIELD State MO Zip Code 63005-4549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Clin Pharm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575783835271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. LAURIE ERIN RUSSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3108 SONIA DRIVE  
 City LAS VEGAS State NV Zip Code 89107-3246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575812135271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 201.12  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WILLIAM J MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 26104 WEST 108 TERRACE

City OLATHE State KS Zip Code 66061-7522

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Bus Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1969.18

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575819835271**

Amount of Each Receipt this Period 265.41

P/R Deduction (\$88.47 Bi-Weekly)

**B. PHILIP R KAUFMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1680 NORTH FARM ROAD

City ORONO State MN Zip Code 55356-9309

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation CEO Spclty Ben Visn

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575829835271**

Amount of Each Receipt this Period 625.00

P/R Deduction (\$312.50 Bi-Weekly)

**C. WILLIAM MANDELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 720 MISSION HILL WAY

City COLORADO SPRINGS State CO Zip Code 80921-2672

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.17

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575837835271**

Amount of Each Receipt this Period 64.41

P/R Deduction (\$21.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 954.82

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHARLES M HARRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10603 MILLET SEED HILL  
 City COLUMBIA State MD Zip Code 21044-4150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575840335271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. EDWARD JOHN SKOPAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 JOEL DR  
 City HEBRON State CT Zip Code 06248-1245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Mkt Grp CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575842735271**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. WILLIAM J GOLDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 SOUND COURT  
 City NORTHPORT State NY Zip Code 11768-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1562.50

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575859335271**  
 Amount of Each Receipt this Period 468.75  
 P/R Deduction (\$156.25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	627.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. NYLE BRENT COTTINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6630 EMPIRE COURT  
 City State Zip Code  
 MAPLE GROVE MN 55311-3433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Acctng  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575865335271**  
 Amount of Each Receipt this Period  
 46.17  
 P/R Deduction (\$15.39 Bi-Weekly)

**B. JAMIE DAMATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 349 KING STREET  
 City State Zip Code  
 NAUGATUCK CT 06770-1505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Dir IT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575872035271**  
 Amount of Each Receipt this Period  
 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. GLENN LIPPMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7125 EAST LITTLE SAVANNAH LANE  
 City State Zip Code  
 TUCSON AZ 85750-6545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Assc Behvrl Med Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575882835271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PAMELA LIPPITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 944 RILEY WILLS ROAD

City LEBANON State OH Zip Code 45036-9037

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Assc Dir Med Clin Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575884435271**

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. PATRICK J LANGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 MEADOW LANE

City BENSON State MN Zip Code 56215-1033

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575885035271**

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

**C. MICHAEL W MEDEIROS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7112 LANGMUIR DRIVE

City MCKINNEY State TX Zip Code 75071-4606

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Clnt Mgmt NA Accts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2575930635271**

Amount of Each Receipt this Period 117.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. RICHARD J MATTERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 483 HIGHCROFT ROAD

City WAYZATA State MN Zip Code 55391-1548

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3846.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2575938435271**

Amount of Each Receipt this Period **576.90**

P/R Deduction (\$192.30 Bi-Weekly)

**B. DAVID J KISCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 7715 GIBRALTER TERRACE

City APPLE VALLEY State MN Zip Code 55124-6124

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2575966035271**

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$15.00 Bi-Weekly)

**C. DOREEN L MELLBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1808 CRESTVIEW DRIVE

City WAUSAU State WI Zip Code 54403-8107

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation IT Proj Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.79**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2575966835271**

Amount of Each Receipt this Period **47.61**

P/R Deduction (\$15.87 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>669.51</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 161 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MARC T SALINAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1630 ROCK RIDGE DRIVE

City Prosper State TX Zip Code 75078-9728

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2575967935271**

Amount of Each Receipt this Period **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**B. JUDITH GAGER PERLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 CANTERBURY LANE  
PO BOX 2108

City Vineyard Haven State MA Zip Code 02568-5659

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2575968935271**

Amount of Each Receipt this Period **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**C. MARK A DICELLO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5360 ANACALA CT

City Westerville State OH Zip Code 43082-8352

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2575977935271**

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **276.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. MARK LEENAY**  
 Mailing Address 29 UNION TERRACE LN N  
 City State Zip Code  
 PLYMOUTH MN 55441-6232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UHC International Services Inc NA Med Dir/CMO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575982835271**  
 Amount of Each Receipt this Period  
 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. CAROL ANN CHURCHILL**  
 Mailing Address 230 BATTALION WAY  
 City State Zip Code  
 MOUNT JULIET TN 37122-6135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Med Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575988335271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. PAMELA J GOLD**  
 Mailing Address 8370 DYNASTY WAY  
 City State Zip Code  
 SALT LAKE CITY UT 84121-6089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SB KA VP SIs Acct Mgt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2575988635271**  
 Amount of Each Receipt this Period  
 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 201.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DOUGLAS LYNN RODGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 LAKESHORE COVE  
 City State Zip Code  
 FORT OGLETHORPE GA 30742-4207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Exec Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2576000635271**  
 Amount of Each Receipt this Period  
 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MARC R BRIGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 RED TREE CT  
 City State Zip Code  
 DRAPER UT 84020-7704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Regn Exec  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 793.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2576001635271**  
 Amount of Each Receipt this Period  
 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. KAREN I SQUARRELL SHABLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1377 ROWLAND ROAD  
 City State Zip Code  
 LANGHORNE PA 19047-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Dir Clnt Svc Acct Mgt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2576017335271**  
 Amount of Each Receipt this Period  
 54.75  
 P/R Deduction (\$18.25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 OF 214 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN EDWARD SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4574 VIA DON LUIS

City NEWBURY PARK	State CA	Zip Code 91320-6905
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation VP Info Tech
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **569.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2576018635271**

Amount of Each Receipt this Period  

215.46
--------

P/R Deduction (\$71.82 Bi-Weekly)

**B. DAVID SANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8326 ELKO DRIVE

City ELLCOTT CITY	State MD	Zip Code 21043-6913
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation Dir Med Clin Ops
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **647.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2576026435271**

Amount of Each Receipt this Period  

176.46
--------

P/R Deduction (\$58.82 Bi-Weekly)

**C. KIMBERLY K SONERHOLM**  
Full Name (Last, First, Middle Initial)

Mailing Address 7210 HEGGIE AVE

City LAS VEGAS	State NV	Zip Code 89131-3233
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Plan of Nevada	Occupation KA VP SIs Acct Mgmt
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2576033235271**

Amount of Each Receipt this Period  

42.00
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P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>433.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 165 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAY WARMUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 16215 GRABEN COURT

City EDEN PRAIRIE State MN Zip Code 55346-2331

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Bus Segment Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2576040035271**

Amount of Each Receipt this Period **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**B. GAYLE Q ADAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 CANYON RIDGE DRIVE

City SANDIA PARK State NM Zip Code 87047-8509

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **357.14**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2576040335271**

Amount of Each Receipt this Period **357.14**

P/R Deduction (\$357.14 Bi-Weekly)

**C. RHONDA M MEDOWS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7707 WISCONSIN AVENUE  
APT # 530

City BETHESDA State MD Zip Code 20814-6547

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Chief Med Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1923.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2576040435271**

Amount of Each Receipt this Period **288.45**

P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>762.59</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KEVIN P KANDALRAFT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 METATE DRIVE  
 City SANDIA PARK State NM Zip Code 87047-8508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Plan Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2576043635271**  
 Amount of Each Receipt this Period 249.99  
 P/R Deduction (\$83.33 Bi-Weekly)

**B. LAURA L STONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4644 VENETO DRIVE  
 City FRISCO State TX Zip Code 75033-7135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2576045135271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MICHAEL R GROENENDAAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1017 N EUCLID  
 City OAK PARK State IL Zip Code 60302-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Exe Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2576046235271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 333.99  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KENT MONICAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9795 E PIEDRA DRIVE  
City SCOTTSDALE State AZ Zip Code 85255-9231  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Prd  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **594.92**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2576051335271**  
Amount of Each Receipt this Period **202.56**  
P/R Deduction (\$67.52 Bi-Weekly)

**B. RESTOR JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2700 CRESCENT RIDGE ROAD  
City MINNETONKA State MN Zip Code 55305-2806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Entrprs Real Estate Svs  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1940.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2576051635271**  
Amount of Each Receipt this Period **291.00**  
P/R Deduction (\$97.00 Bi-Weekly)

**C. JOHN F REX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 503 HARRINGTON ROAD  
City WAYZATA State MN Zip Code 55391-1512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation Mkt Group CFO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3860.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2576060035271**  
Amount of Each Receipt this Period **579.00**  
P/R Deduction (\$193.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1072.56</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. APRIL D GOLENOR**

Mailing Address 1313 JACKSON STREET

City State Zip Code  
MANDEVILLE LA 70448-4040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Plan Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.80

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2576063935271**

Amount of Each Receipt this Period  
42.12

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. LANCE A NOVAK**

Mailing Address 17035 41ST PLACE N

City State Zip Code  
PLYMOUTH MN 55446-3358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Fin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2576073535271**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. ANGELA D DAVIS**

Mailing Address 1067 ROYS PRIVATE WAY

City State Zip Code  
GALLATIN TN 37066-8007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc Dir IT Proj Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2576083935271**

Amount of Each Receipt this Period  
115.38

P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	307.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ROBERT E COOPER**

Mailing Address 50 BITTERNUT ROAD

City MOUNT WOLF State PA Zip Code 17347-9694

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Dir Mktg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2576095935271**

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. DARRIN D JOHNSON**

Mailing Address 108 SUMMERBROOKE COURT

City SICKLERVILLE State NJ Zip Code 08081-9685

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Exec Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **661.77**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2576103735271**

Amount of Each Receipt this Period **169.11**

P/R Deduction (\$56.37 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MARGARET A OHME**

Mailing Address 3543 STEBNER RD

City HERMANTOWN State MN Zip Code 55811-3714

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2576104035271**

Amount of Each Receipt this Period **150.00**

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **361.11**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. TIFFANY D DIAMOND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 HARVEY DRIVE

City GOFFSTOWN	State NH	Zip Code 03045-2315
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Ops
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **642.87**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2576105535271**

Amount of Each Receipt this Period  
**214.29**

P/R Deduction (\$71.43 Bi-Weekly)

**B. NATHAN R KIEWEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1137 PRAIRIE VIEW DR SW

City HUTCHINSON	State MN	Zip Code 55350-6725
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation Mgr Apps Dev
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2576117535271**

Amount of Each Receipt this Period  
**42.00**

P/R Deduction (\$14.00 Bi-Weekly)

**C. CHRIS KENT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13273 CARLINGFORD LANE

City ROSEMOUNT	State MN	Zip Code 55068-6308
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2576119035271**

Amount of Each Receipt this Period  
**115.38**

P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>371.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHANDRA LUE TORGERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5433 10TH AVENUE SOUTH  
 City State Zip Code  
 MINNEAPOLIS MN 55417-2413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2576128635271**  
 Amount of Each Receipt this Period  
 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. STEVEN H NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2542 CROSBY ROAD  
 City State Zip Code  
 WAYZATA MN 55391-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3589.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2576144835271**  
 Amount of Each Receipt this Period  
 705.12  
 P/R Deduction (\$235.04 Bi-Weekly)

**C. JOHN E FRIDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 782 PENFIELD DR  
 City State Zip Code  
 CAROL STREAM IL 60188-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SB NA VP Sis/Gen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2576147535271**  
 Amount of Each Receipt this Period  
 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	939.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. THOMAS L ELLIOTT III**  
Full Name (Last, First, Middle Initial)

Mailing Address 1880 SUGARLOAF CLUB DR

City State Zip Code  
DULUTH GA 30097-7451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc SVP Clnt Relationship

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2576313335271**

Amount of Each Receipt this Period  
**625.00**

P/R Deduction (\$312.50 Bi-Weekly)

**B. DANIEL J KENIRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5553 LITTLE FALLS ROAD

City State Zip Code  
ARLINGTON VA 22207-1525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Govt Affs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3846.00**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2577379335271**

Amount of Each Receipt this Period  
**576.90**

P/R Deduction (\$192.30 Bi-Weekly)

**C. KATHRYN A HOPKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 OLD FARM ROAD

City State Zip Code  
WELLESLEY MA 02481-1424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Optum Exec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2692.40**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2578735235271**

Amount of Each Receipt this Period  
**403.86**

P/R Deduction (\$134.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **1605.76**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DEMETRIOS L KOUZOUKAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15552 57TH PLACE N  
 City PLYMOUTH State MN Zip Code 55446-3737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2578740435271**  
 Amount of Each Receipt this Period 288.45  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. PHIL KRAUSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30532 GREENBRIAR  
 City FRANKLIN State MI Zip Code 48025-1459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2578742135271**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. BARTLEY S ASNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 OFFSHORE  
 City NEWPORT BEACH State CA Zip Code 92657-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.17

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2578819435271**  
 Amount of Each Receipt this Period 64.41  
 P/R Deduction (\$21.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	394.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. LAURA CIAVOLA**

Mailing Address 1686 WILDFIRE LANE

City State Zip Code  
 FRISCO TX 75033-7325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Ops

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3846.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2578824335271**

Amount of Each Receipt this Period  
 576.90

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. NATHANAEL BUSBEE**

Mailing Address 611 ORPINGTON RD

City State Zip Code  
 BALTIMORE MD 21229-2128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Bus Process

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 666.60

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2578826735271**

Amount of Each Receipt this Period  
 166.65

P/R Deduction (\$55.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JAY J COHEN**

Mailing Address 2613 VICTORIA DR

City State Zip Code  
 LAGUNA BEACH CA 92651-3948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Optum Services, Inc CEO Med Grp Physn

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2578829635271**

Amount of Each Receipt this Period  
 625.00

P/R Deduction (\$312.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1368.55

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 175 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. RACHEL C FARMER**

Mailing Address 1929 ALBIZIA COURT

City State Zip Code  
BATON ROUGE LA 70808-3973

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.80

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2595208335271**

Amount of Each Receipt this Period  
42.12

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. VINAY KONERU**

Mailing Address 3150 CARRICK RD

City State Zip Code  
CUMMING GA 30040-6402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc Dir Bus Dvlp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.80

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2595218435271**

Amount of Each Receipt this Period  
42.12

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. LAURA A GROSCHEN**

Mailing Address 3872 KENNET CIRCLE

City State Zip Code  
EAGAN MN 55123-3952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc VP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2595230935271**

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 661.14

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SHERRI LEE GIORGIO**  
Full Name (Last, First, Middle Initial)

Mailing Address 311 WHITWORTH WAY

City NASHVILLE State TN Zip Code 37205-5017

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2600648935271**

Amount of Each Receipt this Period **115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**B. WESTON PRICE SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4114 MEDICAL DRIVE 22207

City SAN ANTONIO State TX Zip Code 78229-5667

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.40**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2601125335271**

Amount of Each Receipt this Period **92.31**

P/R Deduction (\$30.77 Bi-Weekly)

**C. ARTHUR LOUIS GLASGOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 18218 HARBOR LIGHT BLVD

City CORNELIUS State NC Zip Code 28031-7791

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Chief Tech Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : PR2601127735271**

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>252.69</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. TOM ROBERTS</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR2601127835271</b>
Mailing Address 264 PORTERS HILL RD		Amount of Each Receipt this Period 45.00
City MONROE	State CT	Zip Code 06468-2236
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Act Svs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MARIANNE D SHORT</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR2601133535271</b>
Mailing Address 2215 SUMMIT AVENUE		Amount of Each Receipt this Period 576.90
City SAINT PAUL	State MN	Zip Code 55105-1002
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation EVP Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. CRAIG NEWTON</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : PR2601133735271</b>
Mailing Address 654 W GOLDFINCH WAY		Amount of Each Receipt this Period 42.12
City CHANDLER	State AZ	Zip Code 85286-4451
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Dir Clin Qlty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.80	P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	664.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. AMY N SWANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 621 SPARROW WAY

City WADSWORTH State OH Zip Code 44281-7716

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.31**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2601140735271**

Amount of Each Receipt this Period  
**833.31**

P/R Deduction (\$277.77 Bi-Weekly)

**B. DOUGLAS LEE MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3900 BLACKJACK OAK LANE

City PLANO State TX Zip Code 75074-7790

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Process

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.86**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2601149635271**

Amount of Each Receipt this Period  
**44.61**

P/R Deduction (\$14.87 Bi-Weekly)

**C. MICHAEL A CHRIST**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 BRIARWOOD ROAD

City WEST HARTFORD State CT Zip Code 06107-2902

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2601156935271**

Amount of Each Receipt this Period  
**115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **993.30**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANDREW W TICE JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1136 JACKSON SPRINGS RD

City MACON	State GA	Zip Code 31211-1435
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation Phys Advsr
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.82**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2601160935271**

Amount of Each Receipt this Period  

83.58
-------

P/R Deduction (\$27.86 Bi-Weekly)

**B. KATHRYN J HAYLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 BRIARWOOD LANE

City LINCOLNSHIRE	State IL	Zip Code 60069-2500
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Clin Advancement
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1647.96**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2601169035271**

Amount of Each Receipt this Period  

397.95
--------

P/R Deduction (\$132.65 Bi-Weekly)

**C. ROGER RODRIGUEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 10501 SW 102 AVENUE

City MIAMI	State FL	Zip Code 33176-3511
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : PR2601176835271**

Amount of Each Receipt this Period  

115.38
--------

P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>596.91</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MARC GORDON KAPROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5079 SW 89TH AVE  
 City COOPER CITY State FL Zip Code 33328-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.63

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2601179035271**  
 Amount of Each Receipt this Period 78.21  
 P/R Deduction (\$26.07 Bi-Weekly)

**B. SUSAN BUSCH NEHRING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2680 COUNTY ROAD NINETY  
 City MAPLE PLAIN State MN Zip Code 55359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2605698335271**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. KELLY MARIE DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12013 TALIESIN PLACE UNIT 22  
 City RESTON State VA Zip Code 20190-3338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 734.40

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2605734235271**  
 Amount of Each Receipt this Period 132.84  
 P/R Deduction (\$44.28 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.43
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. TRACY MALONE</b>		Date of Receipt
Mailing Address 900 S 22ND ST		MM / DD / YYYY 09 / 30 / 2014
City	State	Zip Code
ARLINGTON	VA	22202-2625
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR2605736935271</b>
C		Amount of Each Receipt this Period
		115.38
Name of Employer	Occupation	P/R Deduction (\$38.46 Bi-Weekly)
United HealthCare Services Inc	External Affs Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	769.20	

Full Name (Last, First, Middle Initial) <b>B. MICHELLE FERENSIC</b>		Date of Receipt
Mailing Address 404 KENTUCKY BRANCH LANE		MM / DD / YYYY 09 / 30 / 2014
City	State	Zip Code
JACKSONVILLE	FL	32259-8863
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR2605738235271</b>
C		Amount of Each Receipt this Period
		57.69
Name of Employer	Occupation	P/R Deduction (\$19.23 Bi-Weekly)
United HealthCare Services Inc	SVP Prov Service	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	384.60	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM KARL KIEFER</b>		Date of Receipt
Mailing Address 101 MAIN STREET NE #4		MM / DD / YYYY 09 / 30 / 2014
City	State	Zip Code
MINNEAPOLIS	MN	55413-4502
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR2605755635271</b>
C		Amount of Each Receipt this Period
		346.14
Name of Employer	Occupation	P/R Deduction (\$115.38 Bi-Weekly)
Optum Services, Inc	SVP Strat Dev	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2307.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	519.21
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 182 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. GLORIA AUSTIN**

Mailing Address 1036 TERRACE HILLS DRIVE

City State Zip Code  
SALT LAKE CITY UT 84103-4030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc SVP Bus Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1617.66

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2605757435271**

Amount of Each Receipt this Period  
441.18

P/R Deduction (\$147.06 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. LARRY SMITH**

Mailing Address 1164 RUE CHINON

City State Zip Code  
MANDEVILLE LA 70471-1213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Assc Dir Compli

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.50

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2605760635271**

Amount of Each Receipt this Period  
93.75

P/R Deduction (\$31.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MICHAEL E WEISSEL**

Mailing Address 99 HAGEN ROAD

City State Zip Code  
NEWTON MA 02459-2731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Services, Inc Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.60

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : PR2606842935271**

Amount of Each Receipt this Period  
346.14

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 881.07

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN MATTHEW MATECZUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 SAINT GEORGE BARBER ROAD  
 City State Zip Code  
 DAVIDSONVILLE MD 21035-1348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Pres M&V  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3489.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2606845135271**  
 Amount of Each Receipt this Period  
 755.13  
 P/R Deduction (\$251.71 Bi-Weekly)

**B. THOMAS KARL ZIESMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2004 ESTES PARK ROAD  
 City State Zip Code  
 SOUTHLAKE TX 76092-3855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc SVP Ops  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2606854435271**  
 Amount of Each Receipt this Period  
 42.12  
 P/R Deduction (\$369.87 Bi-Weekly)

**C. JAN V EYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6241 CRESTBROOK DRIVE  
 City State Zip Code  
 MORRISON CO 80465-2225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Exec Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2606857535271**  
 Amount of Each Receipt this Period  
 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 839.37  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 184 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SHELLEY L KENNEDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 706 SUE BARNETT  
 City HOUSTON State TX Zip Code 77018-5412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Service Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 907.68

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2607803035271**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. CYNTHIA ANN MARGRITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16702 L STREET  
 City OMAHA State NE Zip Code 68135-1324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2607806135271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. VINCENT C CEGLIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 BLOSSOM ROAD  
 City HAMPTON State NJ Zip Code 08827-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.63

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2608052035271**  
 Amount of Each Receipt this Period 78.21  
 P/R Deduction (\$26.07 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.33  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SHAWN DAVID SCHWARTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 338 SNELLING AVE S  
 City SAINT PAUL State MN Zip Code 55105-2048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2608059335271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. LISA MARIE LANDO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 PINEAPPLE STREET APT 3J  
 City BROOKLYN State NY Zip Code 11201-6839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2608059335271**  
 Amount of Each Receipt this Period 187.50  
 P/R Deduction (\$62.50 Bi-Weekly)

**C. VIRGINIA A FLYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 VAN TERRACE  
 City SPARKILL State NY Zip Code 10976-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2608061235271**  
 Amount of Each Receipt this Period 187.50  
 P/R Deduction (\$62.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 417.12  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SANDRA FERGUSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 SOUTH SHERATON DRIVE  
 City AKRON State OH Zip Code 44319-1918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2608061935271**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. ALLYN RICHARD HECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3233 BARHITE STREET  
 City PASADENA State CA Zip Code 91107-1254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2609810935271**  
 Amount of Each Receipt this Period 42.12  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. JAMES W EPEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4118 SUNNYSIDE ROAD  
 City EDINA State MN Zip Code 55424-1214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2612532535271**  
 Amount of Each Receipt this Period 375.00  
 P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	717.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. BRENT ALLEN JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 635 NE TUDOR RD APT 2  
 City State Zip Code  
 LEES SUMMIT MO 64086-5774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Exec Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 243.36

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2614312635271**  
 Amount of Each Receipt this Period  
 60.84  
 P/R Deduction (\$20.28 Bi-Weekly)

**B. ABIGAIL LONDON VAIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3653 DWIGHT DAVIS DR  
 City State Zip Code  
 TALLAHASSEE FL 32312-1076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Govt Affs Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 769.20

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2614315635271**  
 Amount of Each Receipt this Period  
 115.38  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SAMUEL O VANNORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6216 CONCORD AVE  
 City State Zip Code  
 EDINA MN 55424-1736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Dir Hlthcare Econ  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.70

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : PR2615086035271**  
 Amount of Each Receipt this Period  
 52.14  
 P/R Deduction (\$17.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	228.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. RANDALL L SOLOMON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 760 HAIGHT STREET  
City SAN FRANCISCO State CA Zip Code 94117-3317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation Assc Behvrl Med Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 739.16

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2615671535271**  
Amount of Each Receipt this Period 130.44  
P/R Deduction (\$43.48 Bi-Weekly)

**B. MICHAEL BIRNBAUM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 DEAN STREET  
City BROOKLYN State NY Zip Code 11201-6245  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 739.16

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2615671635271**  
Amount of Each Receipt this Period 130.44  
P/R Deduction (\$43.48 Bi-Weekly)

**C. JENNIFER LORYN YOUNG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 321 CLINTON PLACE  
City HACKENSACK State NJ Zip Code 07601-2802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation NA Vice Pres AM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.50

Date of Receipt 09 / 30 / 2014  
**Transaction ID : PR2615929435271**  
Amount of Each Receipt this Period 54.75  
P/R Deduction (\$18.25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 189 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WESLEY KIRBY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3213 SAGE BRUSH TRL  
City PLANO State TX Zip Code 75023-5631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation Sr Cnslt Bus Adv/Tech  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **243.36**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2615957035271**  
Amount of Each Receipt this Period **60.84**  
P/R Deduction (\$20.28 Bi-Weekly)

**B. ALAN H MIRVISS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 73 DOWNEY  
City SAN FRANCISCO State CA Zip Code 94117-4015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum360 Services Inc Occupation Sr Proj Mgr II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **236.17**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2617361735271**  
Amount of Each Receipt this Period **64.41**  
P/R Deduction (\$21.47 Bi-Weekly)

**C. MARK OWEN JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10529 MOUNT CURVE ROAD  
City EDEN PRAIRIE State MN Zip Code 55347-2902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation VP Ntwk Contrctng  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **720.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2617933935271**  
Amount of Each Receipt this Period **240.00**  
P/R Deduction (\$80.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>365.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PETER GROVES JACOBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6203 STONEHAM LANE  
 City State Zip Code  
 MCLEAN VA 22101-2342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP Govt Affs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1666.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2623707535271**  
 Amount of Each Receipt this Period  
 1666.65  
 P/R Deduction (\$555.55 Bi-Weekly)

**B. JENIFER JEAN FULLER JESSEP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14320 KEITH COURT  
 City State Zip Code  
 BROOMFIELD CO 80023-9584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Govt Affs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.01

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : PR2624445435271**  
 Amount of Each Receipt this Period  
 500.01  
 P/R Deduction (\$166.67 Bi-Weekly)

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2166.66
<b>TOTAL</b> This Period (last page this line number only).....▶	116055.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Cathy McMorris Rodgers**

Office Sought:  House  
 Senate  
 President  
State: WA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 37488721**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James B. Renacci**

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 37488722**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Kelly For Congress**

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mike Kelly**

Office Sought:  House  
 Senate  
 President  
State: PA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 37488724**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Duffy For Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Sean Duffy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

**Transaction ID : 37488725**

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Todd Christopher Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

**Transaction ID : 37488729**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Donnelly For Indiana**

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Joseph S. Donnelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

**Transaction ID : 37488730**

Amount of Each Disbursement this Period

4000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Pete Gallego**

Mailing Address PO Box 1781

City San Antonio State TX Zip Code 78296

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Pete Gallego**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

**Transaction ID : 37488733**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Renee Jacisin Ellmers RN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

**Transaction ID : 37488734**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Supporting House Problem Solvers PAC**

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

011

Candidate Name

**Supporting House Problem Solvers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

**Transaction ID : 37488738**

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Susan Davis for Congress**

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138-4049

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Susan A. Davis**

Office Sought:  House  
 Senate  
 President  
State: CA District: 53

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37488741**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Swalwell for Congress**

Mailing Address PO Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Eric Michael Swalwell**

Office Sought:  House  
 Senate  
 President  
State: CA District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37488743**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Connecticut Republican State Central Committee**

Mailing Address 31 Pratt Street, 4th Floor

City Hartford State CT Zip Code 06103

Purpose of Disbursement  
Contribution (federal)

**011**  
Category/  
Type

Candidate Name

**Connecticut Republican State Central Committee**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37495840**

Amount of Each Disbursement this Period

Contribution (federal)

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Connecticut Republican State Central Committee**

Mailing Address 31 Pratt Street, 4th Floor

City Hartford State CT Zip Code 06103

Purpose of Disbursement  
Contribution (federal)

011

Candidate Name

**Connecticut Republican State Central Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 37495841**

Amount of Each Disbursement this Period

2500.00

Contribution (federal)

Full Name (Last, First, Middle Initial)

**B. Democratic Executive Committee of Florida**

Mailing Address 214 South Bronough St

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : 37521761**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Impact**

Mailing Address 192 Lexington Ave  
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
Contribution

011

Candidate Name

**Impact**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : 37521767**

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends Of Jason Chaffetz**

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jason Chaffetz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: UT District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : 37521768**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. John Carney for Congress**

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John Charles Carney Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: DE District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : 37521769**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MT District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : 37521770**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Green Mountain PAC**

Mailing Address PO Box 1142

City Montpelier State VT Zip Code 05601

Purpose of Disbursement Contribution

011

Candidate Name

**Green Mountain PAC**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : 37521771**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Schneider For Congress**

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Brad Schneider**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : 37521772**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Stephen Lynch For Congress**

Mailing Address 105 Farragut Rd

City South Boston State MA Zip Code 02124

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Stephen Lynch**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MA District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : 37521773**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

**TOTAL** This Period (last page this line number only)..... ▶

63500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Tim Brown**

Mailing Address PO Box 861

City State Zip Code  
Crawfordsville IN 47933

Purpose of Disbursement  
Contribution

011

Candidate Name

**Representa Timothy Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : 37457614**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Hershman for Senate**

Mailing Address P.O. Box 177

City State Zip Code  
Buck Creek IN 47924

Purpose of Disbursement  
Contribution

011

Candidate Name

**Senator Brandt Hershman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : 37457622**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Hoosiers for Holdman**

Mailing Address 7617 W. Jefferson Blvd.

City State Zip Code  
Ft. Wayne IN 46804

Purpose of Disbursement  
Contribution

011

Candidate Name

**IN Sen. Travis Holdman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : 37457626**

Amount of Each Disbursement this Period

500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Matt Lehman for State Representative**

Mailing Address 663 Lehman

City State Zip Code  
Berne IN 46711

Purpose of Disbursement  
Contribution

011

Candidate Name

**IN Rep. Matthew Lehman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : 37457628**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mike Pence for Indiana**

Mailing Address PO Box 902

City State Zip Code  
Indianapolis IN 46206

Purpose of Disbursement  
Contribution

011

Candidate Name

**Michael Pence**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : 37457629**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Mishler for State Senate**

Mailing Address P.O. Box 202

City State Zip Code  
Bremen IN 46503

Purpose of Disbursement  
Contribution

011

Candidate Name

**IN Sen. Ryan Mishler**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : 37457632**

Amount of Each Disbursement this Period

500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Dominick Moreno**

Mailing Address 5821 Tichy Blvd

City Commerce City State CO Zip Code 80022

Purpose of Disbursement  
Void - Friends of Dominick Moreno; check dated 8/19/2014

011

Candidate Name

**Mr. Dominick Moreno**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 37471949**

Amount of Each Disbursement this Period

-200.00

Void - Friends of Dominick Moreno; check dated 8/19/2014

Full Name (Last, First, Middle Initial)

**B. Friends of Dominick Moreno**

Mailing Address 5821 Tichy Blvd

City Commerce City State CO Zip Code 80022

Purpose of Disbursement  
Void - Friends of Dominick Moreno; check dated 8/19/2014

011

Candidate Name

**Mr. Dominick Moreno**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : 37471950**

Amount of Each Disbursement this Period

-200.00

Void - Friends of Dominick Moreno; check dated 8/19/2014

Full Name (Last, First, Middle Initial)

**C. Aguilar Leadership Fund**

Mailing Address PO Box 27424

City Denver State CO Zip Code 80227

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 37495823**

Amount of Each Disbursement this Period

400.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Dominick Moreno Political Committee**

Mailing Address 5821 Tichy Blvd

City Commerce City State CO Zip Code 80022

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : 37495829

Amount of Each Disbursement this Period

400.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Pabon Leadership Fund**

Mailing Address 3182 W 35th Ave

City Denver State CO Zip Code 80211

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : 37495831

Amount of Each Disbursement this Period

400.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Bart M. Davis**

Mailing Address PO Box 50660

City Idaho Falls State ID Zip Code 83405

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

**ID Sen. Bart Davis**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : 37495844

Amount of Each Disbursement this Period

500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Dean L. Cameron**

Mailing Address 1101 Ruby Drive

City State Zip Code  
Rupert ID 83350

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**ID Sen. Dean L. Cameron**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 37495846**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Jim Rice for Idaho**

Mailing Address 2319 Polk St

City State Zip Code  
Caldwell ID 83605

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**ID Sen. Jim Rice**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 37495847**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Rusche for Representative**

Mailing Address 1405 27th St

City State Zip Code  
Lewiston ID 83501

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**ID Rep. John Rusche**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 37495849**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Jim Arnold State Senator**

Mailing Address 5698 W Johnson Rd

City LaPorte State IN Zip Code 46350

Purpose of Disbursement  
Contribution

011

Candidate Name

**IN Sen. Jim Arnold**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 37495854**

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Gregory W Porter for State Representative District 96**

Mailing Address 3614 N Pennsylvania

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Contribution

011

Candidate Name

**Representa Greg Porter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 37495858**

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. The Goodwin Committee**

Mailing Address PO Box 27841

City Raleigh State NC Zip Code 27611-7841

Purpose of Disbursement  
Contribution

011

Candidate Name

**Wayne Goodwin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 37495862**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Dave Reed**

Mailing Address 185 W Ranson Ave

City State Zip Code  
Blairsville PA 15717

Purpose of Disbursement  
Contribution

011

Candidate Name

**PA Rep. Dave Reed**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 37495867**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. BoyerAZ.com**

Mailing Address 2244 W Michigan Ave

City State Zip Code  
Phoenix AZ 85023

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Paul Boyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525134**

Amount of Each Disbursement this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Bradley for Arizona**

Mailing Address 5909 E 3rd St

City State Zip Code  
Tucson AZ 85711

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Sen. David Bradley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525199**

Amount of Each Disbursement this Period

250.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2550.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Dial 2014**

Mailing Address 2936 W Gregg Dr.

City Chandler State AZ Zip Code 85224

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Jeff Dial**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525257**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Ducey 2014**

Mailing Address PO Box 12558

City Tempe State AZ Zip Code 85284

Purpose of Disbursement  
Contribution

011

Candidate Name

**Doug Ducey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525445**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Elect Karen Fann**

Mailing Address 5691 Hole in One Drive

City Prescott State AZ Zip Code 86301

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Karen Fann**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525572**

Amount of Each Disbursement this Period

300.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2800.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Ethan for House**

Mailing Address 420 E Deone Ln

City Tucson State AZ Zip Code 85704

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Ethan Orr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525625**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Kate Brophy McGee 2014**

Mailing Address 42 E. Butler Drive

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Kate Brophy McGee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525698**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kavanagh for State Senate 2014**

Mailing Address 16038 E Seminole Ln

City Fountain Hills State AZ Zip Code 85268

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Kavanagh**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525787**

Amount of Each Disbursement this Period

250.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Kimberly Yee for Arizona**

Mailing Address PO Box 83561

City Phoenix State AZ Zip Code 85071

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kimberly Yee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525930**

Amount of Each Disbursement this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Pratt for Arizona**

Mailing Address PO Box 10526

City Casa Grande State AZ Zip Code 85130

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Frank Pratt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37525999**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Rios for House 2014**

Mailing Address 3136 E Beautiful Ln

City Phoenix State AZ Zip Code 85042

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rebecca Rios**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37526066**

Amount of Each Disbursement this Period

250.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1050.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Robson 2014**

Mailing Address 2713 W Oakgrove Ln

City Chandler State AZ Zip Code 85224

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Bob Robson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37526188**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Shope for Arizona**

Mailing Address 1206 N Reeves Rd

City Coolidge State AZ Zip Code 85128

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Thomas Shope Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37526235**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Stefanie Mach for House**

Mailing Address 3002 E 4th St

City Tucson State AZ Zip Code 85716

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Stefanie Mach**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37526288**

Amount of Each Disbursement this Period

500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Victoria Steele**

Mailing Address PO Box 35611

City Tucson State AZ Zip Code 85740

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Victoria Steele**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37527897**

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Weninger for AZ**

Mailing Address 1360 W Camellia Ct

City Chandler State AZ Zip Code 85286

Purpose of Disbursement  
Contribution

011

Candidate Name

**Jeff Weninger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37528463**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Yarbrough/Senate**

Mailing Address 2241 E. Pecos Road

City Chandler State AZ Zip Code 85225

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Sen. Steven Yarbrough**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529214**

Amount of Each Disbursement this Period

500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Leitch (David)**

Mailing Address c/o Kenneth L Casper  
5110 N Martha Street

City Peoria State IL Zip Code 61614-4947

Purpose of Disbursement  
Contribution

Candidate Name  
**IL Rep. David R. Leitch**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529216**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Committee for Frank J Mautino**

Mailing Address PO Box 36

City Spring Valley State IL Zip Code 61362-0036

Purpose of Disbursement  
Contribution

Candidate Name  
**IL Rep. Frank J. Mautino**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529218**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Bill Haine**

Mailing Address PO Box 67

City Alton State IL Zip Code 62002-0067

Purpose of Disbursement  
Contribution

Candidate Name  
**IL Sen. William R. Haine**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529219**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Bishoff**

Mailing Address 545 E Town St

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

011

Candidate Name

**OH Rep. Heather Bishoff**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529221**

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Mike Henne**

Mailing Address 8447 Diamond Mill Road

City Clayton State OH Zip Code 45315

Purpose of Disbursement Contribution

011

Candidate Name

**OH Rep. Michael Henne**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529223**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Nickie J Antonio**

Mailing Address 1305 Belle Ave

City Lakewood State OH Zip Code 44107

Purpose of Disbursement Contribution

011

Candidate Name

**OH Rep. Nickie Antonio**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529224**

Amount of Each Disbursement this Period

250.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Ryan Smith**

Mailing Address 63 Cedar St

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement Contribution

011

Candidate Name

**OH Rep. Ryan Smith**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529225**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Husted for Ohio**

Mailing Address 211 S Fifth St

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

011

Candidate Name

**Jon Husted**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529226**

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Jay Costa Jr. for State Senate**

Mailing Address 314 Newport Road

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement Contribution

011

Candidate Name

**PA Sen. Jay Costa Jr.**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529227**

Amount of Each Disbursement this Period

1500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Tim Briggs for St Rep**

Mailing Address PO Box 62193

City King of Prussia State PA Zip Code 19406

Purpose of Disbursement  
Contribution

011

Candidate Name

**PA Rep. Tim Briggs**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529229**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Haslam for Governor Campaign Committee**

Mailing Address 1901 21st Avenue South

City Nashville State TN Zip Code 37212

Purpose of Disbursement  
Contribution

011

Candidate Name

**Gov. Bill Haslam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529235**

Amount of Each Disbursement this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Fitzhugh for State Representative**

Mailing Address 135 S. Alpine Street

City Ripley State TN Zip Code 38063

Purpose of Disbursement  
Contribution

011

Candidate Name

**Representa Craig Fitzhugh**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 37529236**

Amount of Each Disbursement this Period

500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mark Green for Tennessee State Senate**

Mailing Address 1600 Oak Plains Road

City Ashland City State TN Zip Code 37015

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**TN Sen. Mark E. Green**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 37529844**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Randy McNally for Senate**

Mailing Address 94 Royal Troon Circle

City Oak Ridge State TN Zip Code 37830

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**TN Sen. Randy McNally III**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 37530101**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶